

Case Number:	CM13-0040643		
Date Assigned:	12/20/2013	Date of Injury:	04/22/2011
Decision Date:	03/14/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 24-year-old injured worker who reported an injury on 04/22/2011. The mechanism of injury was noted to be that the patient was lifting a 25 pound box and pushed a door open with their hip. The patient was noted to undergo an anterior lumbar fusion of L4-5 and L5-S1 on 03/05/2013. The clinical documentation that was submitted for review was handwritten and was difficult to read. The patient's diagnoses were noted to be 6 months status post ALIF L4-S1 and thoracic or lumbosacral neuritis or radiculitis, unspecified. The request was made for Celebrex, Norco, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Celebrex 200mg PO QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 22.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicates that Celebrex is an NSAID and is the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The clinical

documentation submitted for review failed to indicate the functional benefit for the requested medication. Additionally, the request as submitted failed to indicate the quantity of medication being requested. The request for Celebrex 200 mg by mouth daily is not medically necessary and appropriate.

Norco 10/325 PO QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, and Ongoing Managements Page(s): 60 and 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate that Norco is a recommended medication for chronic pain. There must be documentation of an objective decrease in the VAS score, along with an objective functional improvement, documentation of any adverse side effects, and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide the above criteria. Additionally, the request as submitted failed to indicate the quantity of medication being requested. The request for Norco 10/325 mg by mouth daily is not medically necessary and appropriate.

Prilosec 20mg PO QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide legible documentation to include the patient having signs or symptoms of dyspepsia, additionally, there was a lack of documentation indicating the efficacy of the requested medication. The request as submitted failed to include a quantity. The request for Prilosec 20 mg by mouth daily is not medically necessary and appropriate.