

<b>Case Number:</b>	CM14-0107823		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/05/1998
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 expert 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 records presented for review indicate that this 75-year-old female was reportedly injured on June 5, 1998. The injured employee stated to have a diagnosis of chronic low back pain; however, progress notes were not included in the attached record. The results of prior diagnostic imaging studies and previous treatment were unknown. A request had been made for Alprazolam, Celebrex, and Hydrocodone/APAP and was non-certified in the pre-authorization process on June 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.25mg for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The attached record does not contain any information regarding the injured employee's current complaints, prior treatment, physical examination, diagnostic studies, diagnosis, or treatment plans. Additionally, Alprazolam is a medication that has a relatively high abuse potential. It is not recommended for long-term use, because long-term efficacy is

unproven. Most guidelines limit the use of this medication to 4 weeks. For these reasons, this request for Alprazolam 0.25 mg is not medically necessary.

**Celebrex 200mg for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Celebrex, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 30, 70.

**Decision rationale:** The attached record does not contain any information regarding the injured employee's current complaints, prior treatment, physical examination, diagnostic studies, diagnosis, or treatment plans. Additionally, the California MTUS guidelines support the use of Celebrex in selected clinical settings of acute and chronic pain and in conditions for which NSAIDs are recommended, but there is a significant risk of GI complications. It is unknown if the injured employee has any risks of G.I. complications. For these reasons, this request for Celebrex 200 mg is not medically necessary.

**Hydrocodone/APAP tab 5/325mg for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78, 88, 91.

**Decision rationale:** The attached record does not contain any information regarding the injured employee's current complaints, prior treatment, physical examination, diagnostic studies, diagnosis, or treatment plans. It is unknown what efficacy the injured employee has had from previous usage of Hydrocodone or other opioid medications. For these reasons, this request for Hydrocodone/APAP is not medically necessary.