

<b>Case Number:</b>	CM14-0010226		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/31/2010
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 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 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 injured worker is a 37 year old male who reported an injury of unknown mechanism on 10/31/2010. In the clinical note dated 01/02/2014, the injured worker complained of low back pain aggravated with prolonged sitting. The injured worker rated his pain level at 4/10. It was documented in the clinical notes that the injured worker was authorized for acupuncture but only attended one session and stopped thereafter. The injured workers prescribed medications consisted of Norco, Diazepam, Celebrex, and Omeprazole. The physical examination revealed a positive straight leg raise at 45 degrees on the right side. An MRI on 03/15/2010 showed a strain/sprain of the lumbar spine with 6-7mm right sided disc herniation at L4-L5 with disc desiccation, spondylosis, facet changes, and lateral recess stenosis; 7-8mm disc herniation at L5-S1 with disc desiccation, hypertrophic face changes and findings consistent with annular tear. The injured worker had a diagnosis of right-sided L5 radiculopathy. The treatment plan included continuation of medication and home exercises and a request for authorization for a urine drug screen for medication compliance. The request for authorization was submitted on 01/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, SCREENING FOR RISK OF ADDICTION (TESTS),

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DRUG TESTING, 43

**Decision rationale:** The request for Norco 10/325mg #100, 3 refills is not medically necessary. The Chronic Pain Medical Treatment Guidelines, state that Norco is indicated for moderate to moderately severe pain. Norco appears to be efficacious but limited for short-term pain relief, and longterm efficacy is unclear (16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of Hydrocodone (5mg/tab) and acetaminophen (500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. In the clinical notes, the injured worker rated his pain level at 4/10; it was unclear if the pain level was assessed with or without medications. The efficacy of the medication was unclear within the medical records. The guidelines state that Norco is recommended for short-term pain relief; as such, the request for Norco 10/325mg #100 , 3 refills is in excess of the recommendations. Therefore, the request is not medically necessary.

**NORCO 10/325 MG, #100, 3 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, SPECIFIC DRUG LIST, 80, 91

**Decision rationale:** The request for Norco 10/325mg #100, 3 refills is not medically necessary. The Chronic Pain Medical Treatment Guidelines, state that Norco is indicated for moderate to moderately severe pain. Norco appears to be efficacious but limited for short-term pain relief, and longterm efficacy is unclear (16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of Hydrocodone (5mg/tab) and acetaminophen (500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. In the clinical notes, the injured worker rated his pain level at 4/10; it was unclear if the pain level was assessed with or without medications. The efficacy of the medication was unclear within the medical records. The guidelines state that Norco is recommended for short-term pain relief; as such, the request for Norco 10/325mg #100 , 3 refills is in excess of the recommendations. Therefore, the request is not medically necessary.

**CELEBREX 200 MG, #60, THREE REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs (NON-STEROIDAL ANTI-INFLAMMATOY DRUGS, PAGE(S), 67-68

**Decision rationale:** The Request for Celebrex 200mg #60, 3 refills is not medically necessary. The Chronic Pain Medical Treatment Guidelines, state that Celebrex is recommended as an option for short-term symptomatic relief. The guidelines also state that Celebrex may be considered if the injured worker has a risk of GI complications, but not for the majority. The clinical notes lacked documentation of the injured worker complaining of gastrointestinal issues. The request also exceeds the recommendation of short-term with the request of 3 refills. The efficacy of the medication was unclear within the provided documentation. Therefore, the request for Celebrex 200mg #60, 3 refills is not medically necessary.