

<b>Case Number:</b>	CM14-0135229		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/24/1996
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 56 year old woman who sustained a work related injury on April 24 1996. Subsequently she developed chronic low back pain. According to a progress note date on July 30 2014, the patient was complaining of low back pain with worsening of numbness. Her physical examination the patient was reported to have the difficulty with working, positive straight leg raise, numbness and weakness of the lumbar spine. The provider requested authorization to continue Celebrex, Norco and Medrol Dose Pack.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg 1 P.O. OD-BID #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory medications, Page(s): 27-30.

**Decision rationale:** According to MTUS guidelines, Celebrex is indicated in case of pain and back pain especially in case of failure or contra indication of NSAIDs. There is no clear documentation that the patient suffered back pain that failed previous use of NSAIDs. The long term use of Celebrex may increase cardiovascular and renal risk and there is no documentation

of side effect monitoring of Celebrex. There is no documentation of contra indication of other NSAIDs. Therefore, the request is not medically necessary.

**Norco 10/325mg 1-2 tabs P.O. Q 4-6 for pain #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. There is no documentation of compliance with the patient medications. Therefore, the prescription of Norco 10/325 mg #120 is not medically necessary.

**Medrol Dose Pack #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Oral corticosteroids

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Oral corticosteroids, [.http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Oralcorticosteroids](http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Oralcorticosteroids)

**Decision rationale:** MTUS guidelines are silent regarding the use of corticosteroids for the treatment of chronic pain. The ODG guidelines does not recommend the use of steroids in chronic pain. Therefore, the request is not medically necessary.