

Case Number:	CM14-0155579		
Date Assigned:	09/25/2014	Date of Injury:	03/20/2011
Decision Date:	10/27/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/23/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 71 year old female with date of injury 3/20/11. The treating physician report dated 8/28/14 indicates that the patient presents with constant pain affecting the lower back, legs, bilateral hips, right greater than left and neck pain. Pain levels with medication range from 4-8/10 and without medication the pain is a 10/10. Overall the patient has a 50% reduction of pain with medications and 50% improvement in her ability to perform functional activities. Current medications prescribed: Butrans patch 5mcg/hour, Norco 5/325 for breakthrough pain, Celebrex and Ambien. The patient is on Social Security Disability and does not work. The physical examination findings reveal reduced cervical and lumbar ranges of motion, normal motor and reflex testing, muscle spasm across the trapezius and paraspinal musculature. The current diagnoses are: 1.Cervical s/s with severe spondylosis2.Lumbar s/s with DJD and facet arthrosis with MRI findings of spinal stenosis3.Bilateral wrist pain4.Neuropathic burning pain in her legs and arms5.Chronic insomnia due to painThe utilization review report dated 9/16/14 denied the request for Norco 5/325 #90 and Celebrex 200mg #60 and modified the request to Norco 5/325 #60 to allow additional documentation to be submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with chronic lower back pain, neck pain, bilateral hip pain and wrist pain. The current request is for Norco 5/325mg #90. It is noted that with the usage of Norco she has less pain and improved ability to function. The treating physician notes that the patient has a pain contract on file, no adverse effects noted and urine drug screens have been appropriate. The MTUS guidelines indicate that Norco is indicated for moderate to moderately severe pain. In reviewing the treating physician reports that were submitted the treater has documented the patient's pain levels with and without medication usage and has indicated 50% functional improvements. It appears that the four A's (analgesia, ADL's, Adverse effects and Adverse behavior) have been appropriately addressed. Norco was initiated on 7/3/14 and was not previously prescribed dating back to at least the 2/25/14 report that was submitted. The patient appears to be responding to the newly prescribed Norco 5/325 and the documentation submitted is in accordance with the MTUS recommendations. Therefore, this request is medically necessary.

Celebrex 200mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Medications for chronic painAnti-inflammatory.

Decision rationale: The patient presents with chronic lower back pain, neck pain, bilateral hip pain and wrist pain. The current request is for Celebrex 200mg #60. The treating physician reports provided indicate that the patient has been stable on Celebrex since at least 4/25/13. The patient has been diagnosed with arthritic pain and neuropathic pain and the treater has documented that the medications provided allow 50% improvement in her ability to function and 50% reduction of pain. The MTUS guidelines state that NSAIDS are recommended for the treatment of osteoarthritis and mixed pain conditions that include neuropathic pain. There is no information reported that the patient is suffering from any side effects from this medication. Therefore, this request is medically necessary.