

Case Number:	CM14-0163555		
Date Assigned:	10/08/2014	Date of Injury:	04/23/1998
Decision Date:	11/13/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral hip pain reportedly associated with an industrial injury of April 23, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a right hip total hip arthroplasty; unspecified amounts of chiropractic manipulative therapy; marijuana; a lumbar support; and extensive periods of time off of work. In a Utilization Review Report dated October 3, 2014, the claims administrator failed to approve a request for Celebrex and Percocet. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated February 24, 2013, it was acknowledged that the applicant had been laid off by his former employer, was not working, and did have a history of using marijuana for pain relief. In a September 24, 2014 progress note, the applicant reported 3-4/10 low back pain with medications versus 7-8/10 low back pain without medications. The applicant stated that ongoing medication consumption was allowing him to complete activities of daily living such as walking, shopping, and performance of household chores. The applicant was using Percocet, Celebrex, and Neurontin, it was noted. The applicant was using Neurontin for restless leg syndrome, it was stated. In another section of the note, it was stated that the applicant's pain complaints were interfering with all activities of daily living, including sleep, mood, and interaction with others, despite ongoing medication consumption. Percocet, Zanaflex, Neurontin, and Celebrex were ultimately renewed. It was stated that the applicant had some depressive elements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 3 refills: Upheld

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

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex can be employed in applicants who have some history of GI complications, page 22 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this position by noting that Celebrex is not indicated for the majority of applicants. In this case, there is no clearly described history of intolerance to and/or gastrointestinal side effects with non-selective NSAIDs such as Motrin and/or Naprosyn so as to justify selection and/or ongoing usage of Celebrex. Therefore, the request is not medically necessary.

Percocet 10mg #70: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. While the attending provider has recounted some reduction in pain scores with ongoing medication consumption, the attending provider has failed to outline any material improvements in function achieved as a result of ongoing Percocet usage. The attending provider acknowledged that the applicant's pain was significantly interfering with ability to perform activities of daily living, including social interaction, sleep, etc. While another section of the attending provider's progress note stated that the applicant's ability to get up, move about, and walk had been ameliorated with ongoing opioid consumption, including ongoing Percocet consumption, this does not, however, constitute a meaningful improvement in function achieved as a result of ongoing Percocet usage and is outweighed by the applicant's failure to return to work. Therefore, the request is not medically necessary.