

Case Number:	CM14-0163649		
Date Assigned:	10/17/2014	Date of Injury:	10/12/1999
Decision Date:	11/18/2014	UR Denial Date:	09/19/2014
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:

This patient is a 56 year old male who has developed chronic cervical, lumbar, and shoulder pain subsequent to an injury dated 10/12/99. He has been treated with injections in the past and a lumbar spinal cord stimulator has been placed. Pain control is stated to be significant on with the current regimen with VAS scores 5/10. It is documented that this patient leads a fairly active lifestyle and the medication benefits have allowed him to decline further invasive procedures. It is documented twice that the Celebrex is not effective for pain relief. There is no history of misuse or accelerating use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Celebrex 100mg twice a day x 30 days #60 on 8/27/14: 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 Procedure Summary, and NSAIDs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68, 70.

Decision rationale: MTUS Guidelines point out the questionable effectiveness of NSAIDs for chronic spinal pain and use is not supportive without benefits. It is clearly documented in the

records that the Celebrex does not allow for benefits in pain. The ongoing use is not supported by Guideline recommendations. The Celebrex 100 BID is not medically necessary.

Retrospective request for Methadone 10mg every 8 hours x 30 days on 8/27/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, and Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines support the judicious use of Opioids when there is pain relief and functional benefits. The records document meaningful pain relief, a high level of function, lack of misuse or abuse, and long term stable dosing. Under these circumstances the Methadone 10mg. TID X's 30 days on 8/27/14 is medically necessary.

Retrospective request for Oxycodone 15mg three times a day x 30 days on 8/27/14:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, and Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines support the judicious use of Opioids when there is pain relief and functional benefits. The records document meaningful pain relief, a high level of function, lack of misuse or abuse, and long term stable dosing. Under these circumstances the Oxycodone 15mg. TID X's 30 days on 8/27/14 is medically necessary.