

Case Number:	CM14-0175857		
Date Assigned:	10/28/2014	Date of Injury:	11/19/2003
Decision Date:	12/05/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/23/2014

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:

This is a 63-year-old female with an 11/19/03 date of injury. The mechanism of injury occurred while she was working at a lumbar mill. She injured her back from repetitive lifting of heavy buckets filled with wood chips. According to a progress report dated 10/7/14, the patient stated that parts of her injury have worsened. She reported her pain at an 8/10. The patient reported that her condition was "no worse" with the discontinuation of Naproxen. Objective findings: cervical and thoracic paraspinal muscle tenderness, decreased range of motion of cervical spine. Diagnostic impression: cervicgia, cervical spondylosis without myelopathy. Treatment to date: medication management, activity modification, surgery. A Utilization Review (UR) decision dated 10/15/14 denied the requests for Celebrex and Percocet. Regarding Celebrex, there is no suggestion at all of significant gastrointestinal issues in this claimant. Regarding Percocet, issues such as has the diagnosis changed, what other medications is the patient taking, are they effective, are they producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement have not been addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, #30 with 2 refills: 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 Section, NSAIDs with GI Issues

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex) JAMA September 13, 2000, Vol 284, No. 10 Official Disability Guidelines (ODG) Pain Chapter - Celebrex

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDs in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. However, in the present case, there is no documentation that this patient has had functional improvement from previous NSAID use. In fact, the patient reported that her condition was "no worse" with the discontinuation of naproxen. In addition, there is no documentation that this patient has gastrointestinal complaints or that she is at an increased risk for gastrointestinal adverse effects. Therefore, the request for Celebrex 200mg, #30 with 2 refills was not medically necessary.

Percocet 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, according to a report dated 10/7/14, the patient stated that parts of her injury have worsened and reported her pain at an 8/10. In addition, there were no recent urine drug screens provided for review. Furthermore, given the 2003 date of injury, over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Percocet 10/325mg, #120 was not medically necessary.