

Case Number:	CM14-0177464		
Date Assigned:	10/30/2014	Date of Injury:	01/26/2004
Decision Date:	12/15/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/27/2014

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 Rehabilitation & Pain Management 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:

This patient is a 68 year old female with an injury date of 1/26/04. Work status was not addressed. Based on the 9/24/14 progress report by [REDACTED] this patient complains of "neck and upper extremity pain, shoulder pain, low back and leg pain." Patient reports she is "doing well, although her pain is continued." Patient reports "significant relief following epidural steroid injection" (12/20/13). Exam of this patient shows "mild to moderate myofasciitis from the suboccipital region into the trapezius and scapular areas bilaterally" with "decreased range of motion secondary to pain in both flexion and extension." Exam also shows "positive right straight leg raise" and "diminished Achilles on the right compared to the left" with "weakness to dorsiflexion and difficulty with heel to toe walk." Also, there was "diminished sensation to pin prick right lateral calf and foot" with "moderate right piriformis pain" and "increased muscle spasm and myofasciitis compared to baseline." Current medications: Norco 10/325 q.i.d. and Celebrex 200mg b.i.d. Diagnoses for this patient are: 1. Herniated nucleus pulposus of the lumbar spine. 2. Lumbar spinal stenosis. 3. Lower extremity radiculitis. 4. Myofasciitis. 5. Status post cervical fusion. 6. Cervical disc disease. 6/24/14: Patient "continues to report relief from that injection" and "patient is here today for a medication refill." Current medications are: Norco 10/325 q.i.d. and Celebrex 200mg b.i.d.; 4/02/14: Patient had her epidural steroid injection on 12/20/13 and "continues to report relief from that injection" and "patient is here today for a medication refill." Current medications are: Norco 10/325 q.i.d. and Celebrex 200mg b.i.d.; 1/15/14: Patient had her epidural steroid injection on 12/20/13 and she is here today to discuss the effectiveness of the injection. The patient reports a "90% reduction of pain and continues to have pain relief." Current medications are: Norco 10/325 q.i.d. and Celebrex 200mg b.i.d.; 12/20/13: Lumbar epidural steroid injection at L5-S1 under fluoroscopy and transforaminal

injections at L4, L5, and S1 on the right side. 2/20/13: Patient reports the "trigger point injection she had at her last visit reduced her pain by 90% for 8-9 months." Current medications: Norco 10/325 q.i.d. and Celebrex 200mg b.i.d.; 1/09/13: Ultrasound guided trigger point injections x 10, cervical spine. Current medications: Norco 10/325 q.i.d. and Celebrex 200mg b.i.d. The utilization review being challenged is dated 10/10/14. The request is for Celebrex 200 mg BID #60 and Norco 10/325 mg #120 QID. Both medications were non-certed due to "no noted GI history, no trial of other non-steroidal anti-inflammatories, and no discussion of improved function using opiates." The requesting provider is [REDACTED] and he has provided various reports from 12/20/13 to 9/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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, Opioids for Chronic Pain Page(s): 88, 89, 80-81.

Decision rationale: This patient is s/p cervical fusion (date not provided) and presents with "neck and upper extremity pain, shoulder pain, low back and leg pain." This patient had a lumbar epidural steroid injection at L5-S1 under fluoroscopy on 12/20/13 and transforaminal injections at L4, L5, and S1 on the right side and 1/09/13: Ultrasound guided trigger point injections x 10, cervical spine on 1/09/13. The treating physician requests NORCO 10/325MG #120. MTUS guidelines pages 88-89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Although this patient continues to report relief from the injections, current medications have included Norco 10/325 from 1/09/13 to 9/24/14. Review of submitted the medical progress reports do not include numerical scale or validated instrument to assess pain and function due to chronic opiate use. There is also a lack of documentation of the four As regarding pain and function, no UDS's, side effects, CURES, etc. No specific ADL are documented showing improvement. Therefore, the request is not medically necessary.

Celebrex 200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22, 60.

Decision rationale: This patient is s/p cervical fusion (date not provided) and presents with "neck and upper extremity pain, shoulder pain, low back and leg pain." This patient had a lumbar epidural steroid injection at L5-S1 under fluoroscopy on 12/20/13 and transforaminal injections at L4, L5, and S1 on the right side and 1/09/13: Ultrasound guided trigger point injections x 10, cervical spine on 1/09/13. The treating physician requests Celebrex 200mg #60. According to MTUS guidelines pg. 22, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications. MTUS pg. 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Current medications have included Celebrex 200mg BID (from January of 2013 to September of 2014), with no diagnosis or documentation of GI risk or GI complications for this patient. Furthermore, there is an absence of documentation to support the long-term use of Celebrex for this patient. Given the lack documentation of efficacy, functional benefit, or pain reduction from use of Celebrex in any of the reports, the request is not medically necessary.