

Case Number:	CM14-0045584		
Date Assigned:	06/27/2014	Date of Injury:	07/09/1993
Decision Date:	07/31/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/02/2014

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 69 year old male with an injury date of 07/09/1993. Based on the 11/12/13 progress report provided by [REDACTED], the patient complains of chronic back pain with sciatica in his left leg with L4-5 disk disease. His diagnoses include the following: 1. Chronic low back pain. 2. Lumbar neuritis L4-L5 left. [REDACTED] is requesting for the following: 1. Celebrex 200 mg #1802. Hydrocodone/acetaminophen 10/325 mg #480. The utilization review determination being challenged is dated 03/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 07/10/13- 04/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200 MG, # 180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60,61, 22.

Decision rationale: According to the 11/12/13 report by [REDACTED], the patient presents with chronic back pain with sciatica in his left leg with L4-5 disk disease. The request is for Celebrex

200 mg #180. The patient has been using Celebrex since 07/10/13. Review of the reports does not provide any discussion regarding the efficacy of Celebrex. MTUS Guidelines support the use of NSAIDs for chronic pain per page 22. For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication used. In this case, there is lack of any documentation regarding what Celebrex has done for this patient's pain and function. MTUS page 88 requires that the treater monitor the patient's progress periodically. The request for Celebrex 200mg #180 is not medically necessary.

HYDROCODONE/ACETAMINOPHEN 10/325MG, # 480: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , Criteria for Use of Opioids Page(s): 60,61 88,89.

Decision rationale: According to the 11/12/13 report by [REDACTED], the patient presents with chronic back pain with sciatica in his left leg with L4-5 disk disease. The request is for Hydrocodone/acetaminophen 10/325 mg #480. The patient has been taking Hydrocodone/acetaminophen since 07/10/13. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial. The request for Hydrocodone/Acetaminophen 10/325mg, # 480 is not medically necessary.