

<b>Case Number:</b>	CM14-0055540		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/13/2007
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 47 year old male who had a work related injury on 10/13/07. No documentation of mechanism of injury. The injured worker was treated for chronic right biceps tendinitis, chronic right lateral epicondylitis, and chronic low back pain with radiculopathy. Most recent documentation or excusing clinical records submitted for review was dated 07/15/14. The injured worker was back in for follow up. Since having last been seen he restarted Lyrica. He needed a refill of medications. Injured worker continued home exercise program, but there was no change since the last visit. Physical examination dorsal lumbar spine, flexion 70 degrees, extension 10 degrees, right and left lateral bending 20 degrees with negative straight leg raise bilaterally. Negative Faber. Deep tendon reflexes 2+ at patella and Achilles. Right shoulder showed tenderness in bicipital groove reflection and abduction to 160 degrees, internal external rotation 80 degrees, adduction and extension 40 degrees and 20 degrees. Right lateral elbow showed tenderness in lateral epicondyle. Diagnosis is chronic right lateral epicondylitis. Chronic biceps tendinitis. Lumbar signs and symptoms of left paracentral disc bulge with left sided radicular pain which was chronic. Medication are Lyrica 100mg every day. Vicodin 7.5mg twice a day. Celebrex 200mg every day. Flexeril 10mg every day as needed for spasm. Prior utilization review on 04/16/14 vicodin ES was modified to initiating weaning. Celebrex was non-certified. In review of medical records there had been no visual analog scale scores with and without medication. There had been no clinical documentation of functional improvement nor urine drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin ES 7.5 MG # 60, one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioid's.

**Decision rationale:** The request for Vicodin ES 7.5mg # 60, one refill is not medically necessary. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Therefore medical necessity has not been established.

**Celebrex 200 MG # 30, one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs), GI symptoms & cardiovascular risk Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The request for Celebrex 200mg # 30, one refill is not medically necessary. The current evidence based guidelines do not support the request. Celebrex is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. As such, medical necessity has not been established.