

<b>Case Number:</b>	CM14-0063155		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/03/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2014

### 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 & 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:

The injured worker is a 31-year-old male who reported an injury on 07/03/2010. The mechanism of injury was not specifically stated. Current diagnoses include pain in a limb, pain in the joint of the forearm, and neuralgia/neuritis/radiculitis unspecified. The injured worker was evaluated on 04/28/2014 with complaints of 8/10 right arm pain. It was noted that the injured worker had been previously treated with acupuncture, bracing, TENS Therapy, Physical Therapy, and oral pain medication. Physical examination on that date revealed persistent paresthesia and tenderness to palpation in the right upper extremity with intact sensation. The treatment recommendations at that time included prescriptions for Ibuprofen 800 mg, Norco 5/325 mg, and Zohydro ER 15 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200MG, 60 count.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for Osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain.

For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after Acetaminophen. Celebrex is used for the relief of signs and symptoms of Osteoarthritis, Rheumatoid arthritis, and Ankylosing Spondylitis. The injured worker does not maintain any of the above-mentioned diagnoses. It was also noted on 04/28/2014 that Celebrex 200 mg was discontinued, and the injured worker was initiated on Ibuprofen 800 mg. Based on the clinical information received, the request is not medically necessary.

**Zohydro ER 15MG, 60 count.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. It was noted that the injured worker has utilized Zohydro ER 15 mg since 03/2014. Despite the ongoing use of this medication, the injured worker continues to report persistent pain. It was also noted on 04/25/2014, Zyhydro ER 15 mg was discontinued. Based on the clinical information received, the request is not medically necessary.