

Case Number:	CM14-0080617		
Date Assigned:	07/18/2014	Date of Injury:	07/30/1997
Decision Date:	09/17/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational Medicine 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 59-year-old male who was injured on 07/13/1997. The mechanism of injury is unknown. Prior medication history included Ambien CR, Terocin, Celebrex, Norco, and Soma. Toxicology report dated 04/23/2014 detected positive results for Norco/hydromorphone, hydrocodone. Progress report dated 07/07/2014 documented the patient to have complaints of chronic low back pain rated as a 4/10 and is described as constant, throbbing and achy. He rates his pain as 4/10. On exam, there is pain on extension of the lumbar spine. Right lateral rotation of the lumbar spine is positive for pain as well as on the left side. Range of motion is restricted. Straight leg raise is negative bilaterally and motor strength is 5/5 in bilateral lower extremities. The assessment and plan included lumbar disc disorder and lumbosacral spondylosis without myelopathy. The patient was continued on Norco 10/325 and Celebrex 200 mg and has been taking since 12/2013 at which time he rated 70% improvement with medication. Prior utilization review dated 05/12/2014 states the request for Norco 10/325mg, #168 is denied as Opioid medication is not intended for long-term use; Celebrex 200mg, #28 is denied as the request is not reasonable and there is no documented benefit of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #168: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids may be recommended for moderate to severe pain. Efficacy of long-term use for chronic back pain is not established. In this case, a request is made for Norco for a 59-year-old male with chronic low back pain on long-term opioid treatment. However, history and examination findings do not demonstrate objective clinically significant functional improvement, including reduction in dependency on medical care. Medical necessity is not established.

Celebrex 200mg, #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 30.

Decision rationale: According to MTUS guidelines, NSAIDs are recommended at the lowest dose for the shortest duration possible for osteoarthritis. They are recommended for short-term treatment of chronic low back pain. In this case, Celebrex is requested for a 59-year-old male with chronic low back pain. However, the patient is prescribed Celebrex on a chronic basis without evident functional improvement, including reduction in dependency on medical care. Medical necessity is not established.