

<b>Case Number:</b>	CM14-0187179		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	05/12/1998
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Iowa. 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 67 year-old male with a date of injury of 05/12/98. The latest medical documentation available for review was May 2013, although the utilization review mentions results from a visit on 10/16/2014. The documentation available indicates that the injured worker is undergoing treatment for chronic back pain. Subjective complaints (5/15/2013) include low back pain aggravated by standing or bending for long periods of time. Objective findings (5/15/2013) include decreased range of motion and pain with back flexion. Diagnoses include low back pain. No documentation of imaging studies was available for review. The injured worker has previously undergone medication therapy, but detailed records are not available on past therapies. A utilization review dated 10/20/2014 did not certify the request for Hydrocodone/APA 7.5/325 mg #60 and Celebrex 200 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-APAP 7.5/325 Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 74-96, 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

**Decision rationale:** Hydrocodone is an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed." MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the injured worker has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. The treating physician has not provided rationale for the extended use of this medication, and does not include sufficient documentation regarding the reported pain over time or specific improvement while on this medication. The medical documentation is also dated, and it is difficult to make a determination on the recent status of the injured worker for this medication. Therefore, the request for Hydrocodone/APAP 7.5/325 mg #60 is not medically necessary.

**Celebrex Cap 200mg Qty 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs Page(s): 22,30,70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, GI Symptoms & Cardiovascular Risk

**Decision rationale:** Celebrex is the brand name for Celecoxib, a NSAID COX-2 selective inhibitor. According to MTUS guidelines, anti-inflammatory medications are the traditional first line treatment for pain, with evidence supporting the use of NSAIDs in chronic pain. MTUS states that COX-2 inhibitors (Celebrex) may be considered if the patient has risk of GI complications, but not for the majority of patients. NSAIDs and COX-2 inhibitors have similar efficacy and risks. According to ODG, risk factors for GI bleeding include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID (e.g., NSAID + low-dose ASA). The medical documentation provided does not indicate a reason for the injured worker to be considered high risk for GI complications, or why the injured worker could not be on a traditional NSAID medication. The records do not indicate any other approved indication for use other than chronic pain. The medical documentation is also dated, and it is difficult to make a determination on the recent status of the injured worker for this medication. Therefore, the request for Celebrex 200 mg #30 is not medically necessary at this time.