

Case Number:	CM14-0195560		
Date Assigned:	12/03/2014	Date of Injury:	04/24/1996
Decision Date:	01/20/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

This case involves an injured worker with a date of injury of 04/24/1996. The 6/30/14 note reports the injured worker subjective complaints included pain in the back. The objective findings include positive straight leg raises (SLR) on right and left; and pain to palpation in the lumbar spine with radiation to the knees. The MRI is reported to show left L4 root impingement. Medications are reported to still help. The 9/29/14 note reports pain increased in the lumbar spine with left leg having numbness. There was positive SLR on right and left. Treatments are medications, included Norco and Celebrex, and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg, thirty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Section

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

Decision rationale: The medical records provided for review do not support a condition of musculoskeletal pain despite treatment with acetaminophen. MTUS supports the use of a non-

steroidal anti-inflammatory drug (NSAID) for pain (mild to moderate) in relation to musculoskeletal type; however, there is no evidence of long term effectiveness for pain. As such, the medical records provided for review do not support the use of Celebrex for as there is no indication of persistent pain despite acetaminophen. Therefore, this request is not medically necessary.

Norco 10/325 mg, 240 count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids

Decision rationale: Official Disability Guidelines (ODG) support opioids based on the following: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The medical records report chronic pain, however, does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such, this request is not medically necessary.