

<b>Case Number:</b>	CM14-0208796		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Neuromuscular Medicine and is licensed to practice in New Jersey. 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 43-year-old woman who sustained a work related injury on August 14, 2013. Subsequently, she developed low back pain. According to a progress report dated November 13, 2014, the patient reported that since her last visit, her condition did not improve. The patient complained of pain to low back. Quality of discomfort was stabbing, tingling, and radiating. The patient rated the level of her pain as a 6/10. The patient stated that her pain was constant. The patient returned to work on modified duty as of November 13, 2014. The patient was diagnosed with lumbar or thoracic spine radiculopathy and disc displacement. The provider requested authorization for Celecoxib and Aceta/Hydro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celecoxib 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67,68,70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory medications Page(s): 27-30.

**Decision rationale:** According to MTUS guidelines, Celecoxib, a COX-2 selective non-steroidal anti-inflammatory drug (NSAID) is indicated in case of back, neck and shoulder pain especially

in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. There is no documentation that Celecoxib was used for the shortest period and the lowest dose as a matter of fact, the patient has been using Celecoxib for long term without significant improvement. The patient continued to report back pain. Therefore, the prescription of Celecoxib 200mg #60 is not medically necessary.

**Aceta/Hydro 325/10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific drug list Page(s): 76-80,91,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for a longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Aceta/Hydro 10/325 mg is not medically necessary.