

Case Number:	CM15-0001975		
Date Assigned:	01/13/2015	Date of Injury:	06/22/2006
Decision Date:	03/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male who reported an injury on 06/22/2006. The mechanism of injury was not stated. The current diagnoses include neck pain, cervical degenerative disc disease, cervical stenosis, and cervical radiculitis. The injured worker presented on 10/28/2014 with complaints of increased neck pain with radiating symptoms into the bilateral upper extremities. Prior conservative treatment included TENS therapy, injections, and medication management. The current medication regimen includes Celebrex and Norco 10/325 mg. Upon examination, there was 4+/5 left upper extremity strength, limited cervical range of motion, and 1+ right bicep/tricep reflex. The provider was unable to elicit the left bicep and tricep reflex. Recommendations at that time included a trial of cervical epidural steroid injections and continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG#30: Upheld

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

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

Decision rationale: California MTUS Guidelines state 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 is also noted that the injured worker has utilized Celebrex 200 mg since 2012. The medical necessity has not been established in this case. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.

Norco 5/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure of nonopioid analgesics. There is also no mention of objective functional improvement despite the ongoing use of Norco. There is no written pain consent or agreement for chronic use of an opioid provided for this review. Previous urine toxicology reports documenting evidence of injured worker compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.