

Case Number:	CM15-0138860		
Date Assigned:	07/28/2015	Date of Injury:	10/13/2009
Decision Date:	08/25/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/17/2015

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: Emergency Medicine

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 63-year-old female with an industrial injury dated 10/13/2009. The injured worker's diagnoses include chronic low back and bilateral lower extremity radicular symptoms with a history of lumbar surgery in October 2012, depression/anxiety due to chronic pain and insomnia. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/26/2015, the injured worker presented for ongoing evaluation for her chronic low back pain. Documentation noted that the injured worker has been weaning down on MS Contin dose. The injured worker reported some increased inflammation and swelling type pain. The injured worker reported that her pain goes from a 9/10 to a 4/10 with Norco and MS Contin. Objective findings revealed slow gait with cane and no acute distress. Treatment plan consisted of medication management. The treating physician prescribed MS Contin 30mg #60 and Celebrex 200mg #30 with 2 Refill, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested MS Contin 30mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic low back pain. Documentation noted that the injured worker has been weaning down on MS Contin dose. The injured worker reported some increased inflammation and swelling type pain. The injured worker reported that her pain goes from a 9/10 to a 4/10 with Norco and MS Contin. Objective findings revealed slow gait with cane and no acute distress. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, MS Contin 30mg #60 is not medically necessary.

Celebrex 200mg #30 with 2 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Celebrex 200mg #30 with 2 Refills, is medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. "The injured worker has chronic low back pain. Documentation noted that the injured worker has been weaning down on MS Contin dose. The injured worker reported some increased inflammation and swelling type pain. The injured worker reported that her pain goes from a 9/10 to a 4/10 with Norco and MS Contin. Objective findings revealed slow gait with cane and no acute distress. The treating physician has documented evidence of persistent inflammatory pathology. The criteria noted above having been met, Celebrex 200mg #30 with 2 Refills is medically necessary