

<b>Case Number:</b>	CM15-0141572		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Preventive Medicine, Occupational 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 47 year old female who sustained an industrial injury on 4.4.11. The mechanism of injury was unclear. She currently complains of ongoing neck and left lower extremity pain. Her pain level was 3 out of 10 with medication. She is able to perform activities of daily living, work full time and exercise. On physical exam there was some tenderness to palpation of the cervical spine paraspinal muscles with good range of motion (per 6.11.15 note). Medications were amitriptyline, Celebrex, Norco. Urine drug screen dated 1.22.15 was consistent with prescribed medications. Diagnoses include neck pain; left lower extremity pain, left knee and left ankle. Treatments to date include medications; ketorolac injection with benefit. Diagnostics include MRI of the cervical spine showing bulging disk at C6-7; MRI of the lumbar spine (6.8.13) normal. In the progress note dated 6.11.15 the treating provider's plan of care includes requests for Celebrex 200 mg #30 with 3 refills; Norco 5-325 mg #60 and no refills; amitriptyline 50 mg #60 and no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg Qty 80:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines supports the careful use of opioids when there is meaningful pain relief, support of function (best evidenced by RTW) and the lack of drug related aberrant behaviors. This individual meets these Guideline criteria for the continued use of opioid medications. The amount of opioid used is fairly minimal, there are no drug related aberrant behaviors and functioning is high. Under these circumstances, the Norco 5/325 #80 is supported by Guidelines and is medically necessary.

**Elavil 50mg Qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics antidepressants-Amitriptyline.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants for pain Page(s): 13-15.

**Decision rationale:** MTUS Guidelines are highly supportive of Elavil for chronic pain syndromes. This individual is highly functioning, reports good pain relief and her use of opioids is fairly minimal. Under these circumstances, the Elavil is supported by Guidelines and is medically necessary.

**Celebrex 200mg Qty 30 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/NSAID medications.

**Decision rationale:** MTUS Guidelines supports the careful use of NSAID medication when there are conditions that are known to be associated with chronic inflammation. This individual has qualifying medical conditions. Relafan had been utilized with success, but authorization was not supported and Celebrex is being trialed as an alternate NSAID medication. The Guidelines give fairly wide leeway to the physician to trial various NSAID medication and Celebrex is a supported NSAID. Under these circumstances, the Celebrex 200mg QTY 30 with 3 refills is supported by Guidelines and is medically necessary.