

Case Number:	CM15-0146716		
Date Assigned:	08/07/2015	Date of Injury:	05/05/2006
Decision Date:	09/03/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/28/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 56 year old female who reported an industrial injury on 5-5-2006. Her diagnoses, and or impression, were noted to include: cervical spine degenerative disc disease; lumbar spine degenerative disc disease; lumbar radiculopathy; chronic low back pain; and bilateral shoulder tendinitis. No current imaging studies were noted. Her treatments were noted to include: an agreed medical examination; effective injection therapy; attempts at weight loss; medication management with toxicology screenings; and rest from work. The progress notes of 5-21-2015 reported neck pain and chronic low back pain, with use of cane, which is relieved by her medications. Objective findings were noted to include morbid obesity; lumbosacral pain and tenderness with painful and limited lumbar range-of-motion, and positive bilateral Lasegues and straight leg raise; pain and spasms in the cervical spine that is with painful and decreased range-of-motion and painful axial compression. The physician's requests for treatments were noted to include the continuation of Hydrocodone, Carisoprodol and Celecoxib.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/ APAP TAB 10-300mg 30 day supply Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st-line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone (Norco) for an unknown length of time. There was no mention of Tylenol, Tricyclic or weaning failure. It was also combined with Soma, which can increase an addiction and heroine like effect. The continued use of Hydrocodone is not medically necessary.

Celecoxib 200mg 30 day supply Qty: 60: Upheld

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

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

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. The Celebrex is not medically necessary.