

Case Number:	CM15-0148361		
Date Assigned:	08/11/2015	Date of Injury:	09/12/2010
Decision Date:	09/11/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/30/2015

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, North Carolina
 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 is a male injured worker who sustained an industrial injury on September 12, 2010. His age and the initial symptoms reported are unknown. The injured worker was recently diagnosed as having brachial neuritis or radiculitis not otherwise specified, postsurgical status not elsewhere classified and lumbar radiculopathy. Treatment to date has included medications. On January 28, 2015, the injured worker complained of an acute exacerbation of his neck and lower back pain. His medications were noted to manage his pain previously. Physical examination of the cervical and lumbar spine revealed tenderness of the paraspinal muscles, spasm and restricted range of motion. Straight leg raising test was positive bilaterally. The treatment plan included medications and a follow-up visit. On July 1, 2015 Utilization Review non-certified the request for Hydrocodone Apap 10 325mg #60 with no refills, citing California MTUS Guidelines. A request for Celebrex 200mg #60 with two refills was modified to Celebrex 200mg #60 with one refill, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 86, 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 76-80.

Decision rationale: CA MTUS Guidelines state that management of patients on opioids consists of ongoing review and documentation of pain relief, functional status, appropriate medication usage and side effects. In this case the physician does not quantifiably document any functional improvement or pain relief. It is only noted that the medications prescribed allow the patient to function and work. The current work status is not specified. There is no documentation of a pain contract or urine drug screens in the records submitted. Thus the "4 A's" recommended for continued opioid use is not satisfied and the request is not medically necessary.

Celebrex 200mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs Page(s): 22; 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67 70.

Decision rationale: Celebrex is a Selective COX-2 NSAID. It inhibits prostaglandin synthesis by decreasing COX-2. It is used for relief of symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. In this case, the request is for Celebres 200 mg #60 with 2 refills. Celebres is not a first-line agent in the relief of inflammation. NSAIDs are not recommended for long-term use and should be used at the lowest dose for the shortest period of time. Documentation submitted states that the claimant is able to function and work with medications; however there are no objective measures documented. Therefore, the request is deemed no medically necessary due to lack of documentation of the efficacy of Celebres.