

<b>Case Number:</b>	CM15-0169826		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	08/18/2000
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2015

### 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: 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:

The injured worker is a 72 year old male, who sustained an industrial injury on 8-18-00. The injured worker is undergoing treatment for lumbago, myalgia, myositis and degenerative lumbar-lumbosacral intervertebral disc. Medical records dated 7-13-15 indicate the injured worker complains of persistent low back pain rated 8 out of 10 without medication and decreased to 4-5 out of 10 with medication. The medication allows him to do light housework and yard work. Physical exam notes tenderness to palpation of the right low back and sacroiliac joint. There is equal and normal lower extremity strength with decreased range of motion (ROM) of the low back. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) therapy, home exercise program (HEP), Vicodin and Celebrex. The original utilization review dated 7/22/15 indicates the request for Vicodin #120 is certified for #90 and Celebrex #30 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 tablets of Vicodin 5mg/300mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list.

**Decision rationale:** The MTUS guidelines do not support opioids for non-malignant pain. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function or change in work status to support the ongoing use of opioids. The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for 120 tablets of Vicodin 5mg/300mg is not medically necessary and appropriate.

**30 capsules of Celebrex 200mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** According to the MTUS guidelines, 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic low back pain and of antidepressants in chronic low back pain. The injured worker is followed for chronic pain and has positive physical examination findings that would support the request for an anti-inflammatory medication. The medical records do not establish evidence of side effects with the utilization of this medication. The request for 30 capsules of Celebrex 200mg is medically necessary and appropriate.