

Case Number:	CM15-0187196		
Date Assigned:	09/29/2015	Date of Injury:	01/24/1990
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/23/2015

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:

The injured worker is a 66 year old female, who sustained an industrial injury on 1-24-90. The documentation on 8-20-15 noted that the injured worker has complaints of pain in her neck, shoulders, arms, wrists, hands and fingers with the right currently worse than the left. The documentation on 8-12-15 noted tenderness to paravertebral muscles at C3-7 and tissue tension and texture is soft and spasm. The shoulder is tender over the upper trapezius, right and over the upper trapezius, left. The diagnoses have included cervicgia; cervical spondylosis without myelopathy; degeneration of cervical intervertebral disc and bilateral carpal tunnel syndrome. Treatment to date has included celebrex; gabapentin and norco. The drug testing was performed on 7-15-15 and was positive for prescribed opioids. The original utilization review (8-31-15) modified the request for norco 10/325 #100 to #75 and the request for celebrex 200mg #30 has been non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

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.

Norco 10/325 MG #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: Norco 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 Norco for several months. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.