

<b>Case Number:</b>	CM15-0188914		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	07/09/1992
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Physical Medicine & Rehabilitation

### 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 64 year old female with a date of injury of July 9, 1992. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia, degeneration of cervical intervertebral disc, and cervical spondylosis without myelopathy. Medical records dated June 30, 2015 indicate that the injured worker complains of headache and neck pain rated at a level of 6 out of 10 and 8 out of 10 at its worst. Records also indicate that medications allow the injured worker to complete activities of daily living independently, continue working, and move daily with less pain. The physical exam reveals tenderness to palpation over the cervical spine bilaterally, and tenderness to palpation over the occipital groove. Per the treating physician, the employee was working full time. Treatment has included an unknown number of physical therapy sessions, unknown number of chiropractic treatments, radiofrequency ablation, traction, unknown type of injections, and medications (Lorazepam 0.5mg, Gabapentin 100mg, Clonazepam ODT 0.5mg, Zoloft 50mg, and Cyclobenzaprine 10mg listed on June 30, 2015). There was no documentation of urine drug screen results in the submitted medical records. The original utilization review (September 14, 2015) non-certified a request for Hydrocodone-Acetaminophen #90 (unspecified strength) and Celebrex 200mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen #90 (unspecified strength) one tab 8H PRN:** Overturned

**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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The current request is for Hydrocodone/acetaminophen #90 (unspecified strength) one tab. Treatment has included physical therapy sessions, chiropractic treatments, radiofrequency ablation, traction, injections, and medications. The patient is working 42 hours a week. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." There is only one report provided for review. Per report 06/30/15, the patient presents with headaches and neck pain rated 6 out of 10 and 8 out of 10 at its worst. The treater has requested refill of medications. The treater states that medications allow the patient to complete ADL's independently, and she is able to continue working with less pain. She is also able to care for her boyfriend who is currently paralyzed and wheelchair bound. The patient denies any intolerable side effects, there are no aberrant behaviors, and the patient's activity via DOJ website is consistent. In this case, the 4A's have been addressed, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

**Celebrex 200mg #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): Anti-inflammatory medications.

**Decision rationale:** The current request is for Celebrex 200MG #30. Treatment has included physical therapy sessions, chiropractic treatments, radiofrequency ablation, traction, injections, and medications. The patient is working 42 hours a week. MTUS Guidelines, Anti-inflammatory medications section, page 22, has the following: COX-2 inhibitors (e.g., Celebrex)

may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk. There is only one report provided for review. Per report 06/30/15, the patient presents with headaches and neck pain rated 6 out of 10 and 8 out of 10 at its worst. The treater has requested refill of medications. The treater states that medications allow the patient to complete ADL's independently, and she is able to continue working with less pain. She is also able to care for her boyfriend who is currently paralyzed and wheelchair bound. The patient denies any intolerable side effects. In regard to the request for Celebrex, this patient does not meet guideline criteria. There is no discussion of a history of GI complications, or upset attributed to first-line NSAID medications. MTUS guidelines state that Celebrex is indicated in patients with a history of GI complications and not recommended for the majority of patients owing to high cost. Without a documented history of GI upset secondary to NSAID use or other GI complications, the medical necessity of this medication cannot be substantiated. The request IS NOT medically necessary.