

Case Number:	CM15-0189862		
Date Assigned:	10/05/2015	Date of Injury:	08/21/2000
Decision Date:	11/16/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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:

The injured worker is a 66 year old male, who sustained an industrial injury on 8-21-2000. The injured worker was being treated for lumbar post-laminectomy syndrome and posttraumatic arthritis of the left knee. Treatment to date has included lumbar spinal surgery, knee bracing, and medications. On 7-06-2015, the injured worker complains of "moderate" stiffness in his lower back with pain, rated 2-4 at rest, and "worsened over the last since his medications were not approved". He was ambulating with a single point cane and left knee brace. He reported poor sleep, waking 3-4 times per night, with moderate stiffness and pain, rated 4 out of 10 and increasing to 6 out of 10 in the morning. He reported increasing burning left lower extremity pain, with episodes of left lower extremity weakness with prolonged ambulation, and giving way feeling in the left hip and knee. He was independent with self-care activities and able to do light household chores. Current medications included Norco 10-325mg three times daily, Baclofen, and Celebrex 100mg daily. Urine toxicology and opioid agreement were not submitted or referenced. Exam of the lumbar spine noted loss of lumbar lordosis with left lumbar scoliosis, tenderness without spasm, and limited range of motion. Exam of the left knee noted mild atrophy at the left quadriceps, patellofemoral crepitus with medial joint line tenderness, and range of motion 0-120 degrees. His work status was "going to be retired". The use of Norco and Celebrex was noted since at least 2-02-2015, at which time his pain was rated 2 out of 10, he ambulated without an assistive device, and was independent with self-care and activities of daily living. The treatment plan included Celebrex 100mg (1-month supply) and Norco 10-325mg

#90. On 9-18-2015 Utilization Review non-certified the requested Celebrex and modified the requested Norco to #19.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month supply of Celebrex 100mg: 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): Anti-inflammatory medications.

Decision rationale: The patient presents with pain in the low back and the left knee. The request is for 1 MONTH SUPPLY OF CELEBREX 100MG. Patient is status post lumbar spine surgery, date unspecified. Physical examination to the lumbar spine on 07/06/15 revealed tenderness to palpation over the spinous processes of L1 through S1 with bilateral paraspinal tenderness without spasm. Range of motion was noted to be limited. Examination to the left knee revealed atrophy at the left quadriceps. There was patellofemoral crepitus with medial joint line tenderness. Per 05/04/15 progress report, patient's diagnosis include multilevel lumbar degenerative disc disease with chronic lumbar radiculopathy, lumbar post laminectomy syndrome, posttraumatic arthritis of the left knee, status post ligamentous repair of the left knee, and chronic pain. Patient's medications, per 03/30/15 progress report include Norco, Baclofen, and Celebrex. Patient is retired. MTUS Chronic Pain Medical Treatment Guidelines, page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "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." MTUS Chronic Pain Medical Treatment Guidelines, pg. 70-73 Selective COX-2 NSAIDS, for Celecoxib (Celebrex), states this is the only available COX-2 in the United States and that the Recommended Dose is 200 mg a day (single dose or 100 mg twice a day). The treater has not discussed this request; no RFA was provided either. Review of the medical records provided indicate that the patient has been utilizing Celebrex since at least 02/02/15. However, the treater has not documented how this medication has impacted the patient's pain and functional improvement. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the treater has not documented the efficacy of this medication. Therefore, the request IS NOT medically necessary.

90 tablet of Norco 10/325mg: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the low back and the left knee. The request is for 90 TABLETS OF NORCO 10/325MG. Patient is status post lumbar spine surgery, date unspecified. Physical examination to the lumbar spine on 07/06/15 revealed tenderness to palpation over the spinous processes of L1 through S1 with bilateral paraspinal tenderness without spasm. Range of motion was noted to be limited. Examination to the left knee revealed atrophy at the left quadriceps. There was patellofemoral crepitus with medial joint line tenderness. Per 05/04/15 progress report, patient's diagnosis include multilevel lumbar degenerative disc disease with chronic lumbar radiculopathy, lumbar post laminectomy syndrome, posttraumatic arthritis of the left knee, status post ligamentous repair of the left knee, and chronic pain. Patient's medications, per 03/30/15 progress report include Norco, Baclofen, and Celebrex. Patient is retired. 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." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The treater has not specifically discussed this request; no RFA was provided either. The utilization review letter dated 09/18/15 has modified the request 1 week supply (unspecified quantity), recommending tapering. Review of the medical records provided indicate that the patient has been utilizing Norco since at least 02/02/15. However, there are no discussions in regards to Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. There are no UDS test results, no discussions on CURES, and no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.