

Case Number:	CM15-0190309		
Date Assigned:	10/02/2015	Date of Injury:	09/19/2003
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
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: 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 67 year old male who sustained an industrial injury on 9-19-03. Diagnoses are noted as chronic pain syndrome with moderate to severe pain, lumbar disc herniations at multiple levels along with moderate to severe spinal stenosis, myofascial pain syndrome, prescription narcotic dependence, grade I spondylolisthesis L4-L5, and status post left hip replacement (4 years ago). Previous treatment includes injections-without significant low back relief, ice, heat, home exercise program, medication, MRI-lumbar spine 1-16-15, and hip surgery. A progress report dated 7-24-15 notes a flare of his back last week with back and left hip pain reported to be rated at 9-10 out of 10 for a few days and at the least, post flare pain went down to 3 out of 10. In a progress report dated 8-21-15, the physician notes he is approximately 4 years post lateral left total hip arthroplasty. He continues to have pain in the left hip since that time. Current complaint is of anterior lateral hip pain with prolonged walking and sometimes at rest. He notes trouble pulling up his pants due to left hip pain. Long periods of walking seem to flare the back and hip. A pain contract is noted to be in place and there are no adverse effects to medications reported. The injured worker reports he is able to function somewhat with medications and his activities of daily living are better with medications than without. The non-steroidal anti-inflammatory drug induced gastritis is controlled by Prilosec 20mg twice a day. He notes benefit from Norco with breakthrough pain and that Celebrex provides good functional benefit as well. Physical exam reveals a 3 degree anterior antalgic list unweighting the facets and a 3 degree right anterior antalgic list unweighting the left lower extremity. Muscle guarding with palpation of the lumbar paravertebral muscles is noted. Lower extremity reflexes are trace at the

knees and absent at the ankle bilaterally with reinforcement. Straight leg raise is limited and Bragard's sign is positive on the left. Fabere-Patrick sign on the left is positive. The left hip was not tested due to pain. The plan and request for authorization is Prilosec 20mg twice a day #60, Celebrex 20mg twice a day #60, Norco 10-325mg four times a day #180 for breakthrough pain, and sedimentation rate and c-reactive protein. On 9-4-15, the requested treatment of blood work: sedimentation rate and C-reactive protein (CRP) was non-certified, Norco 10-325mg #180 was modified to 1 prescription of Norco 10-325mg #120, and Celebrex 200mg #60 was modified to Celebrex 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

One blood work: sedimentation rate and c-reactive protein (CRP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases: One & joint infection: prosthetic joints. 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acta Orthop. 2009 Jun 5; 80(3): 330-333. Published online 2009 Jun 1. doi: 10.3109/17453670903066596PMCID: PMC2823221C-reactive protein levels after 4 types of arthroplasty Hao Shen, 1 Nanxin Zhang, 2 Xianlong Zhang, corresponding author 1 and Weiping Ji1.

Decision rationale: The MTUS guidelines do not comment on CRP after hip replacement. According to the referenced literature, CRP may help correlate with inflammation immediately after surgery. In this case, the claimant's hip replacement was 4 yrs ago. There were no signs of infection, wound dehiscence, or clinical concerns of osteomyelitis. The CRP is non-specific marker and can be elevated with other disease processes. The request for CRP is not medically necessary.

Norco 10/325mg #180: 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 chronic pain, Opioids for neuropathic pain.

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 in combination with Celebrex for several months without mention of pain score information. There was no mention of Tylenol, or weaning failure. The continued and chronic use of Norco is not medically necessary.

Celebrex 200mg #60: 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, the claimant was developing dyspepsia while on Celebrex and required Prilosec. Pain score reductions were not noted. Failure of Tylenol use was not noted. The claimant was on opioids as well. The continued use of Celebrex is not medically necessary.