

Case Number:	CM15-0199343		
Date Assigned:	10/14/2015	Date of Injury:	08/17/1998
Decision Date:	11/23/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/09/2015

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 female, who sustained an industrial injury on 8-17-1998. The injured worker is undergoing treatment for: lumbosacral sprain and strain, lumbar degenerative disc disease, facet arthritis at multiple levels. On 7-29-15, she reported an increased feeling of numbness to the right thigh starting in the groin and extending into the right knee. She also indicated her pain increased with standing or sitting for over 30 minutes. The objective findings noted no changes to the lumbar. On 8-4-15, she reported worsened low back pain with increased activity. She indicated there was pain radiation to the bilateral lower extremities with right more than left. Objective findings revealed spasms in the low back, decreased lumbar range of motion, crepitus, and positive straight leg raise bilaterally. The records do not discuss pain reduction, current pain level, aberrant behaviors, or side effects. The treatment and diagnostic testing to date has included: medications. Medications have included: Norco, Omeprazole, Celebrex, Valium, Zohydro, and Rozerem. The records indicate she has been utilizing Norco and Celebrex since at least March 2015, possibly longer; and Methadone since at least April 2015, possibly longer. Current work status: disabled and off work. The request for authorization is for: Norco 10-325mg four times daily for chronic pain, quantity 120; Celebrex 200mg daily by mouth for pain, inflammation and swelling, quantity 30; Methadone 10mg two times a day for chronic pain, quantity 60. The UR dated 9-9-15: non-certified the requests for Norco 10-325mg four times daily for chronic pain, quantity 120; Celebrex 200mg daily by mouth for pain, inflammation and swelling, quantity 30; Methadone 10mg two times a day for chronic pain, quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

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 along with Methadone and Celebrex. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

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.

Methadone 10 mg #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): Methadone.

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant remained on Norco and the Methadone was provided specifically for pain. VAS scores were not routinely noted. As a result, continued and long-term use of Methadone is not medically necessary.