

<b>Case Number:</b>	CM15-0202194		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	09/17/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 37 year old female, who sustained an industrial injury on 9-17-2014. Diagnoses include lumbago and wrist-forearm pain, lumbosacral disc degeneration and spondylolisthesis. Treatments to date include activity modification and medication therapy. On 9- 9-15, she complained of low back pain with radiation down the left leg at times. The MRI of lumbar spine was noted to show degenerative disc disease and mild retrolisthesis. Pain was rated 6 out of 10 VAS without medication and 2 out of 10 VAS with medication. There was no documentation regarding effectiveness of medication on functional ability. The urine drug testing report did not document positive findings. Norco was noted prescribed since a t least 5-21-15. Celebrex 100mg twice a day was prescribed on 8-12-15. The physical examination documented tenderness at midline and paraspinal area. The plan of care included returning back to work with no restrictions and ongoing medication management. The appeal requested authorization for Celebrex 100mg #60 and Norco 10-325mg #120. The Utilization Review dated 9-23-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter-Celebrex.

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

**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 claimant was on an NSAID previously but VAS scores and response to medications were not provided. The Celebrex is not medically necessary.

**Norco 10/325mg #120:** 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): Opioids for neuropathic pain, Opioids for chronic 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 for several months in combination with Celebrex. Initial use of 1/2 tablet daily was ineffective and the claimant was provided 4 tablets daily. There was no scaling to 2 or 3 tablets per day. There was no mention of Tylenol. The continued use of Norco as prescribed is not medically necessary.