

Case Number:	CM15-0208181		
Date Assigned:	10/27/2015	Date of Injury:	12/14/2006
Decision Date:	12/11/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/22/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old female, who sustained an industrial injury, December 14, 2006. The injured worker is undergoing treatment for left shoulder adhesive capsulitis, status post manipulation under anesthesia, subacromial decompression and acromioplasty on February 12, 2009; status post left carpal tunnel release on November 8, 2007, situational depression and anxiety, left C5-C6 cervical radiculopathy per EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities and hypertension. According to progress note of May 28, 2015, the injured worker's chief complaint was low back pain and abdominal pain. The injured worker reported the Norco and Naproxen had decreased the pain from as 8 out of 10 down to 2-3 out of 10. The average pain level was 6 out of 10. The progress note of June 25, 2015, the injured worker reported weaning Norco had been a significant struggle but was willing to attempt additional weaning. The Norco 10-325mg was reduced to #36 at this visit. The injured worker's pain level was 8 out of 10 without pain medication and 2-3 with pain medication with an average of 6 out of 10. The injured worker previously received the following treatments Celebrex 200mg 1 daily by mouth #30 since May 28, 2015 and Norco 10-325mg one two times daily #40 since May 28, 2015, when weaning was to start. The RFA (request for authorization) dated the following treatments were requested prescriptions for Celebrex 200mg 1 daily by mouth #30 and Norco 10-325mg one two times daily #60. The UR (utilization review board) denied certification on October 2, 2015; for prescriptions for Celebrex 200mg 1 daily by mouth #30 and Norco 10-325mg one two times daily #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 1 po bid #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): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on December 14, 2006. The medical records provided indicate the diagnosis of left shoulder adhesive capsulitis, status post manipulation under anesthesia, subacromial decompression and acromioplasty on February 12, 2009; status post left carpal tunnel release on November 8, 2007, situational depression and anxiety, left C5-C6 cervical radiculopathy per EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities and hypertension. Treatments have included Celebrex, Norco, and Naproxen. The medical records provided for review do not indicate a medical necessity for Norco 10/325 1 po bid #60. The request is not medically necessary. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication.

Celebrex 200mg 1 po qD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Anti-inflammatory.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: The injured worker sustained a work related injury on December 14, 2006. The medical records provided indicate the diagnosis of left shoulder adhesive capsulitis, status post manipulation under anesthesia, subacromial decompression and acromioplasty on February 12, 2009; status post left carpal tunnel release on November 8, 2007, situational depression and anxiety, left C5-C6 cervical radiculopathy per EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities and hypertension. Treatments have

included Celebrex, Norco, and Naproxen. The medical records provided for review do not indicate a medical necessity for Celebrex 200mg 1 po qD #30. Celebrex is a COX-2 NSAID, which is recommended for the treatment of individuals with gastrointestinal risk who are being treated for moderated to severe pain. Like all NSAIDs, the MTUS recommends NSAIDs for acute use due to the risk of delayed soft tissue healing, hypertension, kidney failure. Also, the MTUS recommends monitoring for blood count, kidney and liver functions when NSAIDs are used for an extended period. The medical records indicate the injured worker has been using this medication at least since 05/2015 without monitoring. Therefore, the requested treatment is not medically necessary.