

Case Number:	CM15-0209412		
Date Assigned:	10/28/2015	Date of Injury:	05/29/2008
Decision Date:	12/14/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/23/2015

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: New Jersey

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 56 year old male who sustained an industrial injury on 5-29-08. A review of the medical records indicates he is undergoing treatment for lumbar post-laminectomy syndrome, lumbar radiculopathy, and chronic pain syndrome. Medical records (3-18-15, 4-14-15, 5-12-15, 7-13-15, and 9-14-15) indicate ongoing complaints of low back pain with radiation to bilateral legs. He rates his pain "10 out of 10" without medications and "7-8 out of 10" with use of medications. He also complains of numbness and tingling in both legs, at times. The physical exam (9-14-15) reveals "5 out of 5" strength in bilateral lower extremities and positive straight leg raise on the left at 30-45 degrees in L5-S1 distribution. "Moderate" pain is noted with lumbar extension. "Mild to moderate" spasm is noted on palpation of bilateral lumbar paraspinal musculature with positive twitch response. He is noted to have an antalgic gait. Diagnostic studies have included x-rays of the lumbar spine. Treatment has included medications and a trial of a spinal cord stimulator, providing "greater than 50%" relief of pain. His medications include Norco, over-the-counter Ibuprofen and Naproxen, Celebrex, Omeprazole, Docusate, and Lyrica. He has been receiving Norco and Celebrex since, at least, 3-18-15. The injured worker opted not to proceed with a permanent spinal cord stimulator. He is not working. The utilization review (9-24-15) includes requests for authorization of Norco 10-325mg #180, 1-2 tablets three times daily for break-through pain as needed and Celebrex 200mg #60, 1 tablet before bedtime for interrupted sleep due to pain. Norco was denied. Celebrex was modified to a quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180, refills: unspecified; taken by mouth, 1-2 tablets 3 times a day for breakthrough pain as needed: Overturned

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, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was evidence of this review found in the documentation over the past few notes such as side effects and functional loss when Norco was stopped. After restarting Norco the ability to walk and work outside improved significantly. Therefore, it appears that continued Norco use is justified and will be considered medically necessary.

Celebrex 200mg #60 refills: unspecified; taken by mouth, 1 tablet before bedtime, for interrupted sleep due to pain: 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), NSAIDS.

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

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, Celebrex was used regularly leading up to this request. Celebrex was chosen due to significant side effects with other NSAIDs. However, chronic use of any NSAID is generally not recommended for the diagnoses listed for this worker due to their significant long-term side

effect risks. There was insufficient evidence provided that would consider this worker as an exception to this guideline. Therefore, the Celebrex will be considered medically unnecessary.