

Case Number:	CM15-0022743		
Date Assigned:	02/12/2015	Date of Injury:	07/29/2005
Decision Date:	04/03/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/06/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72-year-old female who reported an injury on 07/29/2005. The injured worker reportedly suffered a low back injury while moving file cabinets. Current diagnoses include displacement of lumbar intervertebral disc without myelopathy, pain in a limb, degeneration of lumbar intervertebral disc, depressive disorder, mononeuritis or the lower limb, and lumbar postlaminectomy syndrome. The injured worker presented on 01/06/2015 for a follow-up evaluation regarding low back pain. The injured worker reported 8/10 bilateral lower back pain with radiating symptoms in the right lower extremity. The injured worker also reported depressive symptoms as well as insomnia. It was noted that the injured worker utilized a cane for ambulation assistance. Current medications include Celebrex 200 mg, Norco 5/325 mg, Lidoderm 5% patch, Lyrica 75 mg, tramadol 50 mg, and trazodone 50 mg. Upon examination, there was an antalgic and unsteady gait, forward flexed body posture, and ambulatory behaviors such as guarded movement. Recommendations at that time included continuation of the current medication regimen. It was noted that the injured worker had a signed pain contract and was CURES compliant. A Request for Authorization form was then submitted on 01/07/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Hydrocodone/Acetaminophen 5/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it was noted that the injured worker had continuously utilized the above medication since at least 07/2014. The injured worker continues to report high levels of pain with poor sleep quality despite the ongoing use of this medication. In the absence of objective functional improvement, ongoing use of hydrocodone/acetaminophen 5/325 mg would not be supported. Given the above, the request is not medically appropriate at this time.

1 Prescription of Lidoderm 5% Patches #60 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines recommend lidocaine for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy with antidepressants or anticonvulsants. In this case, the injured worker has continuously utilized the above medication since at least 07/2014 without any evidence of objective functional improvement. Additionally, there was no evidence of a failure of first line treatment. Given the above, the request is not medically appropriate.

1 Prescription of Tramadol 50mg #60 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it was noted that the injured worker had continuously utilized the above medication since at least 07/2014. The injured worker continues to report high levels of pain with poor sleep quality despite the ongoing use of this medication. In the absence of

objective functional improvement, ongoing use of tramadol 50 mg would not be supported. Given the above, the request is not medically appropriate at this time.

1 Prescription of Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines do not recommend long term use of NSAIDs. Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker has continuously utilized the above medication since at least 07/2014. There was no documentation of objective functional improvement. The guidelines do not recommend long term use of NSAIDs. In the absence of exceptional factors, the ongoing use of Celebrex 200 mg would not be supported. Given the above, the request is not medically appropriate.

1 Prescription of Hydrocodone/Acetaminophen 5/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it was noted that the injured worker had continuously utilized the above medication since at least 07/2014. The injured worker continues to report high levels of pain with poor sleep quality despite the ongoing use of this medication. In the absence of objective functional improvement, ongoing use of hydrocodone/acetaminophen 5/325 mg would not be supported. Given the above, the request is not medically appropriate at this time.