

<b>Case Number:</b>	CM15-0221825		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	02/10/2004
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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, New York, California  
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain and knee pain reported associated with an industrial injury of February 10, 2004. In a Utilization Review report dated November 4, 2015, the claims administrator failed to approve requests for Norco, Flexeril, and Celebrex. An October 12, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said October 12, 2015 office visit, the applicant reported ongoing issues with chronic low back and knee pain, 9/10 without medications versus 5-6/10 with medications. The applicant had undergone earlier failed lumbar spine surgery, the treating provider reported, and was pending further knee surgery, treating provider reported. Applicant was placed off of work, on total temporary disability, while Norco, Flexeril, and Celebrex were seemingly renewed. Quantitative drug testing was performed. The treating provider acknowledged that the applicant was receiving knee surgery through another provider. On September 15, 2015, the applicant reported ongoing issues with chronic knee pain, 10/10 without medications versus 6/10 with medications. The applicant was using four tablets of Norco daily, Flexeril, and Celebrex, the treating provider reported. The applicant exhibited a visible limp. A knee corticosteroid injection was performed. The applicant was not working, the treating provider acknowledged. Little seeming discussion of medication efficacy transpired on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty:120:** 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, specific drug list.

**Decision rationale:** Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco or hydrocodone/acetaminophen is indicated in moderate to moderately severe pain. Here, the treating provider reported on October 12, 2015 that the applicant was pending knee surgery. The treating provider suggested that the applicant was intent on employing Norco for postoperative use purposes, in the aftermath of planned knee surgery. The applicant could, thus, reasonably or plausibly be expected to have pain complaints in the moderate-to-severe range in the aftermath of said knee surgery. Therefore, the request was medically necessary.

**Flexeril 10mg Qty: 30:** 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** Similarly, the request for Flexeril was likewise medically necessary, medically appropriate, and indicated here. The attending provider indicated on his October 12, 2015 office visit that Flexeril was being employed for limited, postoperative use purposes following planned knee surgery. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, there is a postoperative use role for cyclobenzaprine or Flexeril. A 30-tablet supply of Flexeril at issue does conform to the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.

**Celebrex 200mg Qty: 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): Anti-inflammatory medications.

**Decision rationale:** Finally, the request for Celebrex, a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are indicated in applicants who are at heightened risk for development of GI complications, here, however, the October 12, 2015 office visit at issue made no mention of the applicant's being at heightened risk for development of GI complications. It was not clearly stated why Celebrex was furnished in lieu of nonselective NSAIDs. Therefore, the request was not medically necessary.