

<b>Case Number:</b>	CM15-0055798		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 44 year old male who sustained an industrial injury on 10/23/2012. Diagnoses include multilevel annular tears, L4 through S1; Grade I L5-S1 retrolisthesis with annular tear, EMG evidence for right S1 and possible left L5 radiculopathies, and depression. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture sessions, psychological evaluation, and epidural steroid injection. A physician progress note dated 01/21/2015 documents the injured worker complains of pain, which he rates as 6 out of 10. Sitting straight leg raise is positive on the right with pain radiating to the right leg, left causes low back pain. Pain limited manual muscle testing on the right. Forward flexing is 10% of normal and extension is 0% of normal. Treatment plan is for refill of medications, to proceed with psychiatry evaluation, random urine drug screen this date, and return to clinic in one month. Treatment requested is for Celebrex 200mg #30 with 1 refill, and Norco 7.5/325mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 77-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 44 year old male with an injury on 10/23/2012. He has back pain and a possible L5 radiculopathy. MTUS Chronic Pain criteria for on-going treatment with opiates require documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review did not meet these criteria. Norco is not medically necessary.

**Celebrex 200mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

**Decision rationale:** The patient is a 44 year old male with an injury on 10/23/2012. He has back pain and a possible L5 radiculopathy. MTUS, Chronic Pain guidelines note that NSAIDs should be used in the lowest dose for the least amount of time. NSAIDS have the potential adverse effects of GI bleeding, increased risk of cardiovascular disease, renal disease and liver disease. NSAIDS decrease soft tissue healing. Celebrex is not medically necessary for this patient.