

Case Number:	CM15-0083029		
Date Assigned:	05/05/2015	Date of Injury:	08/20/2011
Decision Date:	06/04/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30 year old female, who sustained an industrial injury on August 20, 2011. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included lumbar herniated nucleus pulposus, lumbar stenosis and status post lumbar laminectomy. Treatment to date has included medications, radiological studies, physical therapy, pain management and a home exercise program. Current documentation dated March 18, 2015 notes that the injured worker had ongoing constant lumbar spine pain, rated a seven-eight out of ten on the visual analogue scale. The pain was noted to radiate to the bilateral lower extremities with associated numbness and tingling. Objective findings included tenderness to palpation of the lumbar spine, a painful range of motion and positive Faber and Galeason tests on the left. The injured worker also had decreased sensation medially and laterally in the lower extremities. A straight leg raise test caused bilateral low back pain at seventy degrees. The treating physician's plan of care included a request for the medications Norco 5/325 mg #90 and Celebrex 200 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg (1 by mouth every day) Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective COX-2 NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in August 2011 and continues to be treated for low back with intermittent radiating lower extremity symptoms. Treatment included a lumbar decompression in September 2013. When seen, pain was rated at 7-8/10. Medications included gabapentin and an increased dose was helping. Physical examination findings included decreased and painful lumbar spine range of motion with decreased lower extremity sensation. Prior notes reference Norco as ineffective in providing pain relief. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX- 2 medication such as Celebrex over a non-selective medication. Therefore, it was not medically necessary.

Norco 5/325 mg, 1 by mouth every 4-6 hrs, Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in August 2011 and continues to be treated for low back with intermittent radiating lower extremity symptoms. Treatment included a lumbar decompression in September 2013. When seen, pain was rated at 7-8/10. Medications included gabapentin and an increased dose was helping. Physical examination findings included decreased and painful lumbar spine range of motion with decreased lower extremity sensation. Prior notes reference Norco as ineffective in providing pain relief. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain, increased level of function, or improved quality of life and Norco at the same dose was previously ineffective. Therefore, the continued prescribing of Norco was not medically necessary.