

<b>Case Number:</b>	CM15-0088192		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 injured worker is a 58 year old male, who sustained an industrial injury on 07/11/2013. On provider visit dated 04/20/2015 the injured worker has reported chronic low back and bilateral radiculopathy, right shoulder pain and neck pain. On examination injured worker was noted to have ongoing low back pain and let pain to below knee on left. The diagnoses have included degenerative lumbar/lumbosacral intervertebral disc, degenerative thoracic thoracolumbar disc, cervicgia, displacement lumbar disc without myelopathy, lumbago, and lumbosacral spondylosis without myelopathy and spasm of muscle. Treatment to date has included laboratory studies and medication including Celebrex and Nucynta ER, Ibuprofen and Norco. The provider requested Nucynta ER 150mg #60 and Celebrex 200mg #60 for management of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**Decision rationale:** Guidelines recommend NSAIDs at the lowest dose for the shortest period of time. In this case, the patient has low back pain radiating down the right side but there is no documentation of objective functional benefit with prior use of this medication. The request for Celebrex 200 mg #60 is not medically appropriate and necessary.

**Nucynta ER 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** Guidelines necessitate that prescriptions for opioids are from a single practitioner and are taken at the lowest dose with ongoing review and documentation of efficacy, functional status, side effects and signs of aberrant use. Nycynta is recommended as a second line therapy for patients who fail first line opioids. In this case, there is no documentation of functional gains associated with medication use and prior requests for Nycynta have been non-certified due to lack of documented efficacy, functional status, urine drug test and current signed pain contract. The request for Nycynta 150 mg #60 is not medically necessary and appropriate.