

Case Number:	CM14-0114376		
Date Assigned:	08/04/2014	Date of Injury:	05/22/2010
Decision Date:	10/08/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 22, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated July 15, 2014, the claims administrator denied a request for Norco and Celebrex. The applicant's attorney subsequently appealed. In a March 15, 2012 Medical-Legal Evaluation, it was acknowledged that the applicant was no longer working as a strawberry picker owing to ongoing complaints of low back pain. In a progress note dated June 25, 2014, the applicant was apparently using Vicodin and Norco for pain relief, it was stated. Persistent complaints of low back pain were noted. The applicant had not worked since the date of injury, it was acknowledged. The applicant had ongoing complaints of knee and low back pain as of that point in time, it was suggested. In a progress note dated June 10, 2014, the applicant reported persistent complaints of 7-9/10 pain. The applicant stated that Norco was reportedly helpful. The attending provider did not quantify the degree of benefit, however. The applicant was again placed off of work, on total temporary disability. The applicant was described as status post recent epidural steroid injection therapy. In an earlier note dated May 7, 2014, the applicant was given prescriptions for Norco. Celebrex was reportedly added, seemingly for the first time. 7/10 pain was noted. The applicant was again placed off of work, on total temporary disability. There was no explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: The request represents renewal request. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, however, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant continues to report pain levels as high as 7-9/10. The attending provider has failed to quantify any decrements in pain or improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic. Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex can be considered if an applicant has a risk of GI complications but are not recommended for the majority of applicants. In this case, Celebrex was apparently introduced on an office visit of May 7, 2014. There was no mention of the applicant's having any issues with GI complications which would compel provision of Celebrex, a COX-2 inhibitor, over non-selective NSAIDs such as Motrin and/or naproxen. Accordingly, the request was not medically necessary.