

<b>Case Number:</b>	CM14-0145788		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/15/1996
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 73-year-old female with a reported date of injury on 01/15/1996. The mechanism of injury was a fall. The diagnoses consisted of pain including lower leg. The past treatments included pain medication and bracing. There was no relevant diagnostic imaging provided in the notes. There was no surgical history included in the records. The subjective complaints on 07/31/2014 included left knee pain. The physical exam noted abnormal gait, however gait is stable with cane. The injured worker's medications included Celebrex and Vicodin. The notes indicate that the injured worker has been on Celebrex and Vicodin since at least 01/21/2014. The treatment plan was not documented in the records. A request was received for Norco 5/325 #30 between 07/31/2014 and 10/18/2014, and for Celebrex 200 mg #30 between 07/31/2014 and 10/18/2014. The rationale for the request was not provided. The Request for Authorization form was dated 09/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #30 between 7/31/2014 and 10/18/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 5/325mg #30 between 7/31/2014 and 10/18/2014 is not medically necessary. The California MTUS Guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has chronic right leg pain. The notes indicate that she has been on Norco since at least 01/21/2014. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Furthermore there was no drug screen submitted to assess for aberrant behavior. Additionally the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, and aberrant behavior the request is not supported. As such, the request is not medically necessary.

**Celebrex 200mg #30 between 7/31/2014 and 10/18/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70..

**Decision rationale:** The request for Celebrex 200mg #30 between 7/31/2014 and 10/18/2014 is not medically necessary. The California MTUS Guidelines state Celebrex is indicated to relieve the signs and symptoms of osteoarthritis, rheumatoid arthritis, ankylosing spondylitis. The injured worker has chronic right leg pain. However there is a lack of documentation in the notes that the injured worker has osteoarthritis, rheumatoid arthritis, ankylosing spondylitis. In the absence of these diagnosis the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.