

Case Number:	CM14-0092272		
Date Assigned:	09/12/2014	Date of Injury:	07/29/2005
Decision Date:	10/20/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/18/2014

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 Family Practice 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 injured worker is a 72 year old female injured on 07/29/05 when moving filing cabinets across a carpet resulting in left low back and leg pain. Treatment included physical therapy, chiropractic treatments, acupuncture, sacroiliac joint injections, trigger point injections, and medication management. Diagnoses included psychalgia, depressive disorder, mononeuritis of lower limb, displacement lumbar intervertebral disc without myelopathy, lumbar post laminectomy syndrome, pain in limb, and degeneration of intervertebral disc. Clinical note dated 06/02/14 indicated the injured worker presented complaining of markedly increased right lower extremity radicular complaints with difficulty ambulating secondary to right hip pain. Physical examination revealed difficulty arising from chair, markedly antalgic gait favoring right lower extremity utilizing cane, positive seated straight leg raise on the right radiating in S1 distribution and into the left L4 distribution, absent right knee and ankle reflexes, 2/5 EHL weakness, hypesthesia in L4 and S1 dermatome with significant pain to palpation around gluteal and right hip. Treatment plan included right hip MRI, lumbar spine MRI, aquatic therapy, and refill of current medications including Celebrex, Trazadone, hydrocodone, Lidoderm patch, Lyrica, and tramadol. Initial request was denied on 06/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

Decision rationale: As noted on page 30 of the Chronic Pain Medical Treatment Guidelines, Celebrex is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Celebrex 200mg #60 with 5 refills cannot be established as medically necessary.

Lidoderm 5% (700mg) patch, #60 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Objective findings are consistent with neuropathic pain. Therefore Lidoderm 5% (700mg) patch, #60 with 5 refills is recommended as medically necessary.

Hydrocodone 5mg-Acetaminophen 325mg, #120 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The injured worker's age and length of opioid use must be considered as abrupt cessation could pose a significant risk

to the overall health of the injured worker. As such, Hydrocodone 5mg-Acetaminophen 325mg, #120 with 1 refill is recommended as medically necessary at this time.

Tramadol 50mg #60 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The injured worker's age and length of opioid use must be considered as abrupt cessation could pose a significant risk to the overall health of the injured worker. As such, Tramadol 50mg #60 with 5 refills is recommended as medically necessary at this time.