

Case Number:	CM14-0097086		
Date Assigned:	07/28/2014	Date of Injury:	02/08/2000
Decision Date:	09/19/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/25/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 63-year-old male with date of injury of 02/08/2000. The listed diagnoses per Vanessa Beeman, PAC dated 05/15/2014 are: 1. Lumbar disk degeneration. 2. Spinal stenosis of the lumbar spine. 3. Sciatica. 4. Diabetes type 2 without complications. 5. Hypertension, otherwise specified. According to this report, the patient complains of severe back pain and severe pain radiating to both lower extremities. The patient is having a hard time sleeping at night. He has been taking NSAIDs without relief and he has had multiple sessions of physical therapy without any pain relief. He also continues to take Celebrex 200 mg daily since previous prescriptions of ibuprofen and naproxen were ineffective and cause stomach upset. He also takes hydrocodone 10/325 mg for pain. He also takes gabapentin 300 mg and this helps significantly when taken in conjunction with Norco, Celebrex, and Ambien. The objective findings show the patient's gait is antalgic. There is increased kyphosis. There is tenderness in the spinous and lumbar spine. The utilization review denied the request on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doc-Q- Lacey 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no chapter noted.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy.

Decision rationale: This patient presents with severe back pain radiating to both lower extremities. The treater is requesting Doc-Q-Lace 100 mg #60. The MTUS Guidelines page 77 on initiating therapy for opiate use states that the prophylactic treatment of constipation should be initiated when the opioids are prescribed. Records show that the patient has been using Doc-Q-Lace since 05/15/2014. The patient's current list of medications include Hydrocodone, Celebrex, Gabapentin, Norco and Ambien. In this case, MTUS does allow the prophylactic treatment of constipation when opioids are prescribed. Recommendation is for authorization.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no chapter noted.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, non-steroidal anti-inflammatory drugs) Page(s): 60,61 67,68.

Decision rationale: This patient presents with severe back pain radiating to both lower extremities. The treater is requesting Celebrex 200 mg #30. The MTUS Guidelines page 22 on antiinflammatory medication states that antiinflammatories are the traditional first line treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted. In addition, MTUS page 60 and 61 states that pain assessment and functional changes must also be noted when medication are used for chronic pain. The records show that the patient has been taking Celebrex since January 2014. The 05/15/2014 report states, "he also continues to take Celebrex 200 mg p.o. daily with food since previous prescriptions of ibuprofen and naproxen were ineffective and caused stomach upset." The treater does not mention functional improvement while utilizing this medication. There are no discussions regarding decreased pain and improved quality of life while utilizing Celebrex. Recommendation is for denial.