

Case Number:	CM15-0011070		
Date Assigned:	01/28/2015	Date of Injury:	09/06/2013
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 was a female patient, who sustained an industrial injury on 09/06/2013. A primary treating office visit dated 12/22/2014 reported the patient back for follow up and stated her case has been settled with future medical care. She reported using Vicodin with good effect, once daily. In addition, she actively participates in a home exercise program. Objective findings showed tenderness in the paraspinal muscles and dorso lumbar range of motion with 80 degree flexion, 20 degree extension and right/left bending at 20 degrees. She is diagnosed with lumbar sign and symptom with 2mm L4-5 and L5-S1 disc bulge with grade I spondylolysis at L5-S1 and severe bilateral L-5 ganglionic compression, and lumbar radiculopathy. The plan of care involved continuing with Vicodin 5/300, Celebrex, and home exercises. She is permanent and stationary. On 12/22/2014 Utilization non-certified a request for Celebrex, Hydrocodone/APAP and Nexium, noting the CA MTUS Chronic Pain, Opioids, NSAIDS, Gastrointestinal symptom were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #30 (Refill times 1) (1 times 2): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guideline are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Celebrex does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Celebrex. Additionally, there is no documentation of any response of pain or increase in function with use of Celebrex. Celebrex is not medically necessary.

Hydrocodone Acetaminophen #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as hydrocodone-acetaminophen, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with hydrocodone-acetaminophen.

Nexium 40 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document any history to indicate a

moderate or high risk for gastrointestinal events and Nexium therefore is not medically necessary.