

Case Number:	CM15-0118300		
Date Assigned:	06/26/2015	Date of Injury:	10/12/1998
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/18/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old female who sustained an industrial injury on 10/12/1998. Mechanism of injury was not documented. Diagnoses include lumbago, sciatica and spasm of muscle. Treatment to date has included diagnostic studies, and medications. Her medications include Norco, Soma and Celebrex. A physician progress note dated 05/19/2015 documents the injured worker complains of low back pain. She is bent to the right in pain, with stooping. There is tenderness present with restricted range of motion. She rates her pain as 7-8 out of 10 and it exacerbates up to 10 out of 10. She wakes up at night 8 to 10 times due to pain. She works part time. She complains of pain in her right elbow, right hip hematoma and right shoulder, and she can move all. She was in the ER recently due to a fall. She has chronic severe low back pain with restricted range of motion and pain. She can ambulate one block if level. The plan of care includes Soma, heat massage and Voltaren. Treatment requested is for Celebrex 200mg #90 refill: 0, and Norco 10/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #90 refill: 0: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

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

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. This guideline recommends a Cox-2 inhibitor (such as Celebrex) over a traditional NSAID if there is a particular risk of GI complications but not for the majority of cases. In this case, a prior physician review recommended non-certification because anti-inflammatories are not indicated for chronic use. However, the guidelines do support this class of medication if there is documented benefit vs. risk, which is present in this case. Additionally a Cox-2 inhibitor is only indicated if there is a risk of GI toxicity; NSAID use in a patient over 65 years of age is such a risk factor in this case. For these reasons, this request is medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.