

<b>Case Number:</b>	CM15-0122935		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	12/15/2003
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: 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 48 year old male, who sustained an industrial injury on 12/15/2003. The mechanism of injury is unknown. The injured worker was diagnosed as having discogenic lumbar condition with three level disc disease, status post laminectomy and chronic pain with sleep disorder. Magnetic resonance imaging showed L3-4 herniation with facet changes and disc wear at L4-5 and L5-S1 with facet changes. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), surgery, therapy and medication management. In a progress note dated 6/3/2015, the injured worker complains of low back pain and right shoulder pain. Physical examination showed decreased lumbar range of motion. Prior urine drug screen were appropriate for medications ordered. The treating physician is requesting generic Celebrex 200 mg #30 and Tylenol ER mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex Generic 200 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury of 2003 nor have they demonstrated any functional efficacy derived from treatment already rendered. It is also unclear why the patient is prescribed two concurrent NSAID (Motrin and Celebrex), posing an increase side effect profile. The Celebrex Generic 200 MG #30 is not medically necessary and appropriate.

**Tylenol ER 150 MG #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 6 "Pain, Suffering, and the Restoration of Function", pages 115 and 116.

**Decision rationale:** Per ACOEM Guidelines, Acetaminophen is a first-line recommended treatment for chronic pain and during acute exacerbations for osteoarthritis of the joints and musculoskeletal pain; however, there is concern for hepatotoxicity with overdose causing acute liver failure. Long-term treatment of acetaminophen is also not warranted without demonstrated functional improvement. Review indicates notation regarding the patient demonstrating abnormal labs with hepatic dysfunction. The guidelines provide requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use with persistent pain for this chronic injury of 2003. In addition, submitted reports have not adequately demonstrated the specific indication to support its use without acute flare-up, new injuries, or progressive clinical deficits outside recommendations of the guidelines. The Tylenol ER 150 MG #30 is not medically necessary and appropriate.