

Case Number:	CM15-0123492		
Date Assigned:	08/11/2015	Date of Injury:	04/13/1993
Decision Date:	09/25/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/26/2015

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, Hawaii
 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 69-year-old, male who sustained a work related injury on 4-13-93. The diagnoses have included lumbar spine herniated nucleus pulposus and cervical spine herniated nucleus pulposus. Treatments have included medications and chiropractor treatments. In the PR-2 dated 5-8-15, the injured worker reports continued neck pain and worsening lumbar pain without medications. On physical exam, he has moderate tenderness to touch at lumbar spine. He has spasms. He has tenderness to touch of cervical spine with spasms. He has decreased range of motion. He is not working. The treatment plan includes refills of medications and a consult with another physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Celebrex 200mg #30. The treating physician states in the report dated 5/15/15, "Celebrex 200mg #30." (13B) The MTUS guidelines state, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." In this case, the treating physician has been prescribing this medication to the patient since at least 6/15/15. There is no documentation that the patient has functional relief or reduction of pain with this medication as required on page 60 of the MTUS guidelines. The current request is not medically necessary.

Percocet 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, long-term assessment; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Percocet 5/325mg #60. The treating physician states in the report dated 5/15/15, "Percocet 5/325mg #60." (13B) for chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not documented if the patient has decreased pain, if the patient is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is not medically necessary.