

Case Number:	CM15-0172805		
Date Assigned:	09/22/2015	Date of Injury:	09/16/2008
Decision Date:	11/02/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 36-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 16, 2008. In a Utilization Review report dated August 21, 2015, the claims administrator failed to approve a request for Percocet, Celebrex, and Soma. The claims administrator referenced an August 18, 2015 RFA form in its determination. The full text of the UR report was not seemingly attached to the application. On August 18, 2015, the applicant reported ongoing complaints of worsening ankle pain with heightened complaints of depression. The applicant was on BuTrans, Lyrica, and Lidoderm patches, it was reported. 8 to 9/10 pain complaints without medications versus 3 to 4/10 with medications were reported. The applicant medications were ameliorating her ability to stand and walk, it was reported. Toward the top of the note, the attending provider suggested that the applicant was using BuTrans for chronic pain purposes. The attending provider suggested in one section of the note that the applicant was not working at her pre-injury job but had found an alternate position. The attending provider stated that he was intent on employing Celebrex on the grounds that he believed the applicant was better served using Celebrex than non-selective NSAID such as Motrin. The attending provider seemingly suggested that Celebrex had been endorsed for protective purposes as opposed to for actual symptoms of reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90 x 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Yes, the request for Percocet, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had apparently returned to work as a child care worker, the treating provider reported on August 18, 2015. Ongoing usage of Percocet was attenuating the applicant's pain complaints from 8 to 9/10 without medications to 3 to 4/10 with medications. Ongoing usage of Percocet was ameliorating the applicant's ability to stand or walk up to 30 to 40 minutes continuously, the treating provider reported. Continuing the same, on balance, was, thus, indicated. Therefore, the request was medically necessary.

Celebrex 200mg #30 x refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Conversely, the request for Celebrex, a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex may be considered if an applicant is at heightened risk for development of GI complications, page 22 of the MTUS Chronic Pain Medical Treatment Guidelines notes that COX-2 inhibitors are not recommended for the majority of the applicants. Here, the attending provider failed to establish evidence that the applicant was in fact at heightened risk for development of GI complications. The applicant was less than 65 years of age (age 36), was only seemingly using one NSAID, and had no known history of GI bleeding and/or peptic ulcer disease. Provision of the Celebrex, a COX-2 inhibitor, thus, was not indicated in the clinical context present here. Therefore, the request was not medically necessary.

Butrans 5mcg #4 x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

Decision rationale: Finally, the request for BuTrans (Buprenorphine) was likewise not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Buprenorphine (BuTrans) is indicated in the treatment of opioid addiction and/or is an option for chronic pain purposes in applicants who previously detoxified off of opioids, who do have a history of opioid addiction,

here, however, there was no mention of the applicant's using Buprenorphine or BuTrans for opioid addition or opioid dependence purposes. Rather, it appears that the attending provider was using BuTrans for chronic pain purposes. The fact that the applicant was concurrently using Percocet, however, strongly suggested that the applicant was not using Buprenorphine or BuTrans for the purposes of weaning or tapering off of other opioid. Therefore, the request was not medically necessary.