

<b>Case Number:</b>	CM15-0175142		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	07/28/2010
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2015

### 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:

This injured worker is a 58 year old female, who sustained an industrial injury on 07-28-2010. The injured worker was diagnosed as having low back pain with bilateral leg paresthesias, probable bilateral L5 radiculopathy and status post decompression and fusion. On medical records dated 07-24-2015 and 03-05-2015, subjective complaints were low back pain that extends down both legs. Physical exam findings were noted as having tenderness along the L5 level, Achilles reflexes were noted as absent and straight leg raise was negative bilaterally. The injured worker disability status was noted to be permanent and stationary. Treatment to date included; medication, laboratory studies, surgical intervention, physical therapy and home exercise program. Current medication was listed as Prilosec, Celebrex, Norco and Gabapentin. Then injured worker was noted to be on Norco since at least 10-2014. The Utilization Review (UR) was dated 08-07-2015. The UR submitted for this medical review indicated that the request for Celebrex and Norco were modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg 1 tab daily as needed #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The patient presents with pain affecting the low back with radiation to the bilateral legs. The current request is for Celebrex 200mg 1 tab daily as needed #30. The treating physician report dated 6/4/15 (25B) Medications have been keeping her more comfortable and functional. Regarding NSAIDs, MTUS page 68 states, There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. MTUS p22 supports this medication for chronic LBP, as first-line treatment, at least for short-term. The medical reports provided show the patient has been taking Celebrex since 6/4/15 (28B). In this case, the patient presents with pain affecting the low back accompanied with paresthesias over both legs to the feet. Furthermore, the patient has not been prescribed this medication for an extended period of time and there is documentation of functional improvement. The current request is medically necessary.

**Norco 10/325mg 1 tab 2 times daily as needed #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents with pain affecting the low back with radiation to the bilateral legs. The current request is for Norco 10/325mg 1 tab 2 times daily as needed #60. The treating physician report dated 6/4/15 (25B) states, Medication management has been helpful. She utilizes Norco 10/325 mg at night. Pain reduction is 50%. She is then able to sleep better. Without Norco she would be up all night. The report goes on to state; Medications have been keeping her more comfortable and functional. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior).The medical reports provided show the patient has been taking Norco since at least 10/28/14 (38B). The report dated 6/4/15 notes that the patient's pain decrease by 50% while on current medication. No adverse effects or adverse behavior were noted by patient except for reflux. The patient is able to sleep better and remain functional while on medication. The patient's last urine drug screen was consistent. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all

four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.