

<b>Case Number:</b>	CM15-0178562		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	02/13/2006
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Family Practice

### 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 34 year old male who sustained an industrial injury on 2-13-2006. A review of medical records dated 8-18-2015 indicates the injured worker is being treated for status post lumbar fusion at L5-S1, adjacent level disease at L4-5, lumbar facet syndrome, chronic myofascial lumbar pain, and residual lumbar radiculitis L5 dermatomal on the left greater than the right. Medical records dated 8-18-2015 noted back pain that radiates down into the bilateral lower extremities, left greater than right and into the feet. Without pain medication pain levels increased. Pain was rated with medications a 3 out of 10 and allows him to be much more functional. Medical records dated 5-21-2015 note Norco is helpful with pain. Pain was rated a 3-4 out of 10. Physical examination dated 8-18-2015 noted low back tenderness with absence of muscle spasm. There was pain in the lower facet joints with palpation and facet joints with palpation and positive Kemp's bilaterally. Straight leg raise was positive bilaterally on the left at 45 degrees and 65 degrees on the right. Range of motion noted forward flexion at 40 degrees, backwards bending 20 degrees, and left and right lateral flexion 20 degrees. Treatment has included surgery and medications (Celebrex since at least 5-21-2015 and Norco since at least 2-12-2015). Utilization review form dated 9-3-2015 non-certified Celebrex 200mg #30 and Norco 10/35mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg, #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): Anti-inflammatory medications, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Per the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. The MTUS guidelines state that COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications. In this case, the injured worker is noted to have not responded well to first line NSAIDs. Efficacy and functional improvement has been noted with Celebrex. The request for Celebrex 200mg, #30 is medically necessary and appropriate.

**Norco 10/35mg, #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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing.

**Decision rationale:** The injured worker is followed for chronic back pain status post lumbar fusion. The injured worker is not a candidate for further surgical intervention. The MTUS guidelines note that opioids may be continued if there is improvement in pain and function. In this case, the medical records note improvement in pain and function. There is no evidence of abuse or diversion. The medical records also note that the injured worker has not responded well to Ultram. The current morphine equivalent dosage (MED) is also well below the recommended ceiling of MED by the MTUS guidelines. The request for Norco 10/35mg, #30 is medically necessary and appropriate.