

Case Number:	CM15-0097196		
Date Assigned:	05/27/2015	Date of Injury:	04/21/2005
Decision Date:	06/25/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/20/2015

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 37 year old male, who sustained an industrial injury on 4/21/05. He has reported initial complaints of falling off a ladder and hearing two loud sounds and noticed that the bones were sticking out of the skin from his right leg. The diagnoses have included pain in the joint of the lower leg and Reflex sympathetic dystrophy syndrome of the lower limb. Treatment to date has included medications, activity modifications, diagnostics, surgery, conservative care and psychotherapy. Currently, as per the physician progress note dated 4/20/15, the injured worker complains of low back, right lower extremity (RLE) and right elbow pain. He rates the pain 10/10 on pain scale with medications. This is unchanged from previous visits. He reports that sleep quality is poor and activity level and quality of life is unchanged. He continues to work full time and takes the medications. He states that they are working well. The objective findings reveal that he appears to be in moderate pain and he has a right sided antalgic, slow, wide based gait. The lumbar spine exam reveals restricted range of motion with flexion limited to 80 degrees, extension limited to 20 degrees, right lateral bending limited to 25 degrees and left lateral bending limited to 25 degrees. On palpation of the paravertebral muscles, tenderness and tight muscle band is noted bilaterally. Straight leg test is positive on the left side sitting at 60 degrees. The right hip has tenderness noted over the trochanter. Motor testing is limited by pain. The current medications included Lidoderm patch, Neurontin, Lidocaine gel, Flexeril, Lunesta, Norco and Oxycodone. The urine drug screen was consistent with medications prescribed. The physician noted that he would trail a course of Celebrex as anti-inflammatory for

elbow pain. The physician requested treatments included Celebrex 200mg #30 and Oxycodone 15mg #240 with 1 refill.

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 Celebrex; NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 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 of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Celebrex 200mg #30 is not medically necessary and appropriate.

Oxycodone 15mg #240 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Opioids (long-term users and weaning).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides 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 of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Oxycodone 15mg #240 with 1 refill is not medically necessary and appropriate.