

<b>Case Number:</b>	CM15-0097924		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	09/27/1996
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 injured worker is a 52 year old male, who sustained an industrial injury on 09/27/1996. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having occipital neuralgia, right cervical radiculopathy, failed back surgery syndrome, and failed neck surgery syndrome. Treatment and diagnostic studies to date has included medication regimen, use of a cane, home exercise program, use of heat, and above listed procedures. In a progress note dated 04/10/2015 the treating physician reports complaints of constant, sharp, dull/aching, stabbing, pressure, stinging, cramping, electrical/shooting pain with associated symptoms of spasms, weakness, numbness and tingling, and pin and needles to the low back, lower extremities, cervical area, left upper extremity, and occipital headaches. Examination reveals severe tenderness to the cervical spine, occipital region to the frontal region, and the lumbar spine, tenderness to the scalp anteriorly and the left sciatic notch, moderate tenderness to the bilateral knees, and diffuse tenderness to the lower parathoracic facet joints. The examination also reveals limited range of motion to the cervical spine and lumbar spine secondary to pain, weakness over the left hand grip, decreased sensation to the bilateral lower extremities, decreased deep tendon reflexes to the bilateral upper and lower extremities, and a positive straight leg raise bilaterally. The injured worker's current medication regimen includes Celebrex, Dilaudid, Norco, and Soma. The injured worker's current pain level is rated an 8 on a good day and a 10 on a bad day, with a previous pain level on a good day an 8 and a 10 on a bad day. The treating physician noted that the current medication regimen is providing good pain control with a pain reduction of 50% and

allows the injured worker to complete activities of daily living and to stay active. The treating physician requested the medications of Norco 10/325mg with a quantity of 150 and Celebrex 200mg with a quantity of 30 with 3 refills noting current use of these medications as indicated above.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 prescription for Norco 10/325mg #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is using opioids chronically since 2012 for his chronic pain without continued improvement in function or pain relief. Additionally, a prior review was certified for weaning purposes only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for 1 prescription for Norco 10/325mg #150 is not medically necessary.

#### **1 prescription for Celebrex 200mg #30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Section NSAIDs Specific Drug List and Adverse Effects Section Page(s): 22, 67-71.

**Decision rationale:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Per the MTUS Guidelines, the use of selective COX-2 NSAIDs such as Celebrex is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid

arthritis and ankylosing spondylosis. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Per available documentation, the injured worker has had a recent acute exacerbation of low back pain that would warrant the use of Celebrex. However, 3 refills implies that the injured worker will not be followed up with in the near future to assess efficacy and side effects. The request for 1 prescription for Celebrex 200mg #30 with 3 refills is not medically necessary.