

Case Number:	CM13-0011564		
Date Assigned:	12/11/2013	Date of Injury:	10/21/2010
Decision Date:	11/06/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58 year-old male cook sustained an injury on 10/21/10 while employed by [REDACTED]. Request(s) under consideration include ULTRACET 375/325MG, ZANTAC 4MG, and CELEBREX 500MG. Diagnoses include lumbosacral disc degeneration/ disc bulge/ radiculopathy. Supplemental AME report of 4/19/13 noted patient has reached MMI and deemed P&S with future medical. Report from the provider noted the patient with ongoing chronic low back pain rated at 5/10 with right leg and left knee pain worsened with activities. Exam showed lumbar spine tenderness on palpation in L3-S1 region; left knee with positive McMurray's, TTP at medial and lateral joint line. Hand-written report of 5/24/13 noted unchanged left knee and lower back pain radiating to right leg. Exam showed unchanged TTP at L3-S1 and medial/lateral joint of bilateral knee with positive McMurray's. Diagnoses include L/S disc bulge with radiculopathy; left knee medial/lateral ? left knee ACL tear; and anxiety/ depression disorders. Treatment included acupuncture, ESWT to knee, psychological treatment and compounded topicals along with Lyrica, Prilosec, Tramadol, and Zantac. The request(s) for ULTRACET 375/325MG, ZANTAC 4MG, and CELEBREX 500MG was denied on 7/22/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET 375/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 30, 67.

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). 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 change in 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. The Ultracet 375/325mg is not medically necessary and appropriate.

ZANTAC 4MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/zantac-drug/indications-dosage.htm>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: This 58 year-old male cook sustained an injury on 10/21/10 while employed by [REDACTED]. Request(s) under consideration include ULTRACET 375/325MG, ZANTAC 4MG, and CELEBREX 500MG. Diagnoses include lumbosacral disc degeneration/ disc bulge/ radiculopathy. Supplemental AME report of 4/19/13 noted patient has reached MMI and deemed P&S with future medical. Report from the provider noted the patient with ongoing chronic low back pain rated at 5/10 with right leg and left knee pain worsened with activities. Exam showed lumbar spine tenderness on palpation in L3-S1 region; left knee with positive McMurray's, TTP at medial and lateral joint line. Hand-written report of 5/24/13 noted unchanged left knee and lower back pain radiating to right leg. Exam showed unchanged TTP at L3-S1 and medial/lateral joint of bilateral knee with positive McMurray's. Diagnoses include L/S disc bulge with radiculopathy; left knee medial/lateral ? left knee ACL tear; and anxiety/ depression disorders. Treatment included acupuncture, ESWT to knee, psychological treatment and compounded topicals along with Lyrica, Prilosec, Tramadol, and Zantac. The request(s) for ULTRACET 375/325MG, ZANTAC 4MG, and CELEBREX 500MG were non-certified on 7/22/13. Zantac medication is for treatment of the problems associated with erosive esophagitis

from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. ZANTAC 4MG is not medically necessary and appropriate.

CELEBREX 500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 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 the NSAID's functional benefit is advised as long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of blood pressure issues and decreased efficacy as noted by the provider and patient. The Celebrex 500mg is not medically necessary and appropriate.