MAXIMUS Federal Services

Case Number:	CM13-0014232		
Date Assigned:	10/02/2013	Date of Injury:	08/12/2003
Decision Date:	02/12/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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 is a female patient with the date of injury of August 12, 2003. A progress report dated July 9, 2013 indicates that the patient continues to have low back pain which radiates into both lower extremities. The patient also complains of neck pain radiating into the upper extremities. The note indicates that the patient's pain level is 8/10 with medications and 10/10 without medications. Activities of daily living are limited with self-care/hygiene, ambulation, and sleep. Objective examination findings identify moderate reduction of lumbar spine range of motion, tenderness to palpation around the L4-S1 level, reduced range of motion of the cervical spine secondary to pain, and tenderness at the C4-C7 level. Sensory and motor examinations both state "no change." Diagnoses include lumbar radiculitis, cervical radiculopathy, cervical spinal stenosis, and coccyx fracture. Treatment plan states that the patient has been requested to submit to a random urine drug test, a CURES report was ordered, and prescription has been provided for Celebrex 200 mg once a day, Fioricet 1 tablet every 8 hours, gabapentin 600 mg twice a day, tizanidine 2 mg once at night, and Norco 10/325 every 8 hours. The note goes on to indicate that the patient was counseled regarding side effects and risks of these medications. The note indicates that "NSAIDs and alternative analgesics have either been ineffective alone or not well-tolerated. The opiate analgesic effect has allowed this patient to increase/maintain activities of daily living and function. The prescribed medication has been well tolerated without significant adverse drug side effects. The patient has been compliant with medication use and a "pain contract" is on file."

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): s 67-69.

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, the requesting physician has stated that the patient has previously failed NSAIDs and alternative analgesics. It is unclear whether this includes Celebrex. In the absence of clarity regarding those issues, the currently requested Celebrex is not medically necessary.

The request for Fioricet 50-325mg every 8 hours #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Barbiturate-containing analgesic agents (BCAs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: Regarding the request for Fioricet, Chronic Pain Medical Treatment Guidelines state that barbiturate containing analgesic agents are not recommended for chronic pain. They go on to state that the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. As such, the currently requested Fioricet is not medically necessary.

The request for Gabapentin 600mg twice a day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Anti-Epilepsy Drugs (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Anti-epilepsy drugs (AEDs) Page(s): s 16-21.

Decision rationale: Regarding the request for gabapentin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus

tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin is not medically necessary.

The request for Tizanidine HCL 2mg at night # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Muscle Relaxants (for pain) Page(s): s 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Muscle Relaxants (for pain) Page(s): s 63-66.

Decision rationale: Regarding the request for Tizanidine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Tizanidine specifically is unlabeled for use for low back pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Tizanidine is not medically necessary.

The request for Norco 10-325mg every 8 hours as needed # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Criteria for use of Opioids Page(s): s 76-79.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified that the Norco is improving the patient's pain by reducing his pain score from 10 to 8. Additionally, the patient's function is reportedly improved as a result of this medication. The requesting physician has stated that he regularly performs urine drug screens and obtains CURES reports which have been consistent. No side effects have been reported. Therefore, the currently requested Norco is medically necessary.