

Case Number:	CM13-0035606		
Date Assigned:	12/13/2013	Date of Injury:	05/03/2002
Decision Date:	06/09/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/17/2013

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 Emergency Medicine and is licensed to practice in New York. 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:

The patient is a 69-year-old female with complaints of continuing low back pain since injuring herself on May 3, 2012. The patient reported weakness in her lower extremities and walked with a cane. Physical examination showed normal strength bilaterally in the lower extremities and severe muscle tension in the paraspinal muscles. MRI of the lumbosacral spine showed mild to moderate multilevel disc bulges, moderate spinal stenosis of with moderate right-sided foraminal and lateral recess impingement, and mild anterolisthesis of L5 on S1. Diagnoses included degeneration of lumbar disc and low back pain. Treatment included medications, physical therapy, TENS unit, trigger point injections, and epidural injections without success. The patient was not a candidate for surgery. Requests for authorization for Celebrex 200mg #60, Roxicodone 15mg #120, Tizanidine 4mg # 60, and Ambien 10mg # 15 were submitted on September 18, 2013.

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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-70.

Decision rationale: Celebrex is the selective COX-2 nonsteroidal anti-inflammatory drug. It has been useful in the treatment of osteoarthritis, ankylosing spondylitis, and rheumatoid arthritis. The Chronic Medical Treatment Guidelines state that anti-inflammatory drugs are the traditional first line of treatment, but long-term use may not be warranted. For osteoarthritis, it is recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for hypertension and renal function have been reported with COX-2 NSAIDs. Medications for chronic pain usually provide temporary relief. Medications should be only prescribed one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be recorded. In this case, the patient had been receiving the medication for several months without relief. Therefore, the request is not medically necessary.

ROXICODONE 15MG, #120,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-94.

Decision rationale: Roxycodone is the opioid oxycodone. The Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioids should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. Opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and gabapentin; (2) long-term safety has not been systematically studied; (3) long-term use may result in immunological and endocrine problems (including hypogonadism); (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case, the medication was not prescribed for short-term use. According to the clinical documentation provided and current guidelines, Roxycodone is not medically necessary.

AMBIEN 10MG, #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem.

Decision rationale: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term. According to the clinical documentation provided and current guidelines, Ambien is not medical necessary.

TIZANIDINE 4MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63-66.

Decision rationale: Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the clinical documentation provided and current guidelines, Tizanidine is not medically necessary.