

Case Number:	CM13-0050228		
Date Assigned:	12/27/2013	Date of Injury:	04/06/1981
Decision Date:	04/30/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 injured worker is a 64 year old man with a date of injury of 4/6/81. He was seen by primary treating physician on 9/11/13 with complaints of a flare up of his back pain for several weeks with walking. He was last seen by a chiropractor four weeks ago and was taking his medication. His physical exam showed that his bilateral lower extremities had 5/5 strength and he had a tender right and left low back in areas of scars. His diagnoses included flare-up of low back pain, status post lumbar surgery with degenerative changes, chronic low back pain, bilateral shoulder strain, cervical strain status post cervical radiculopathy, non industrial ulcerative colitis, diabetes, hiatal hernia and anticoagulant therapy, possible sleep apnea, L4-5 and L5-S1 lumbar facet arthropathy, decreased libido and erectile dysfunction which may be due to a combination of chronic opioid use and nonindustrial diabetes. He was given a prescription for biofreeze, thermacare pads and continued approval of his other medications which are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BACK PAIN Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73..

Decision rationale: This 64 year old injured worker has chronic back pain. His medical course has included numerous treatment modalities including surgery and long-term use of several medications including narcotics and NSAIDS. Per the chronic pain guidelines for chronic low back pain, Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status to justify long-term use. He is also receiving opiod analgesics and the celebex is not medically necessary.

FIORINAL WITH CODEINE 50/325/40/30MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BARBITUATE Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 64 year old injured worker has chronic back pain. His medical course has included numerous treatment modalities including surgery and long-term use of several medications including narcotics and NSAIDS. Per the chronic pain guidelines for opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The medical records fails to document any improvement in pain, functional status or side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The fiorinal with codeine is denied as not medically necessary.

VALIUM 5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPENES Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: This 64 year old injured worker has chronic back pain. His medical course has included numerous treatment modalities including surgery and long-term use of several medications including narcotics and Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s . Valium or benzodiazepenes are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may

actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The medical necessity of valium is not documented in this injured worker.

PREVACID 30MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAID), PROTON PUMP INHIBIT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This 64 year old injured worker has chronic back pain. His medical course has included numerous treatment modalities including surgery and long-term use of several medications including narcotics and NSAIDS. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the MTUS, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, Gastrointestinal (GI) bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple Non-Steroidal Anti-Inflammatory Drugs (NSAID) (e.g., NSAID + low-dose ASA). The records do not support that he is at high risk of gastrointestinal events to justify medical necessity of prevacid.

BIOFREEZE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: This 64 year old injured worker has chronic back pain. His medical course has included numerous treatment modalities including surgery and long-term use of several medications including narcotics and Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s. Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The records do not provide clinical evidence to support medical necessity.

THERMACARE PADS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, LOW BACK.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: This 64 year old injured worker has chronic back pain. His medical course has included numerous treatment modalities including surgery and long-term use of several medications including narcotics and Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s. Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The records do not provide clinical evidence to support medical necessity.