

<b>Case Number:</b>	CM13-0054277		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/02/2003
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Occupational Medicine 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:

The patient is a 54-year-old female who was injured on 10/02/2003 while lifting a table at work and had severe onset of back pain. Prior treatment history has included left L4-5 microdiscectomy October of 2011 followed by L4- 5 and L5-S1 laminotomy/discectomy 12-21-2011. The patient underwent successful lumbar spinal cord stimulator trial on 11/19/2012, reporting up to 60% pain relief. She noted significant improvement in mobility and was able to cut back on her OxyContin medication by about 50%. The patient remains on her current oral analgesic medications, which enable her to function on a daily basis. She states it enables her to interact with her family. Diagnostic studies reviewed include: Cervical spine MRI dated 08/07/2012, lumbar spine MRI dated 02/05/2013, lumbar spine MRI dated 05/18/2012, EMG study of the lower extremities dated 05/15/2012, lumbar spine MRI 10/04/2011, cervical spine MRI 01/15/2004 and lumbar spine MRI dated 01/15/2004. Follow up pain management consultation dated 02/12/2014 documented the patient to have complaints of lower back pain which persist radiating down to both lower extremities. She rates her pain at 7 in intensity. I received a correspondence letter from her insurance carrier certifying the laminotomy and Paddle lead placement, Anaprox and Celexa. Unfortunately, her OxyContin was denied along with her Norco. Her current medical regimen helps alleviate her chronic pain condition as well as increase her level of function and improve her quality of life. Due to her ongoing pain with significant functional limitations, the patient feels depressed. The patient was previously on Celexa, but she discontinued the medication as she felt it was not effective. She has been on several anti-depressants in the past including Prozac and Cymbalta. In any event, the patient was evaluated recently by an orthopedic surgeon who felt the patient was suffering from residual cuada equina syndrome. Objective findings on exam revealed the patient to not be over medicated. The patient requires the aid of a walker. Examination of the posterior cervical musculature reveals tenderness

to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the cervical paraspinal muscles. Examination of the posterior lumbar musculature reveals tenderness to palpation with increased muscle rigidity. There are numerous trigger points are palpable and tender throughout the lumbar paraspinal muscles. Pharmacological Assessment and Management: The medications listed below are prescribed to manage and relieve effects of chronic pain, physical and emotional dysfunction resulting from the patient's industrially related injury and resulting comorbidities: OxyContin 40 mg 3 times a day, Norco 10/325 mg 6 a day p.r.n. (10 a day if OxyContin not authorized), Prilosec 20 mg b.i.d., Anaprox DS 550 mg b.i.d., FedMid7.5 mg b.i.d (for short term use), Celexa 40 mg q. day, Valium 5 mg t.i.d. p.r.n., Colace 100 mg 304 per day, Dendracin topical analgesic cream Assessment: 1)Lumbar post-laminectomy syndrome, 2)Status post L4-5 microdiscectomy, 3)Status post L4-5 and L5-S1 laminotomy/discectomy, 4)Cervical myoligamentous injury, 5)Bilateral carpal tunnel syndrome, 6)Reactionary depression/anxiety, 7)Probably cauda equina syndrome, 8)Successful lumbar spinal cord stimulator trial, 9)Medication induced gastritis.

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

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

**NORCO 10/325MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

**Decision rationale:** This is a request for Norco for chronic pain. Long-term opioid use for chronic pain has not been shown to improve pain, function, or quality of life. Documentation of objective functional benefit or pain reduction attributable to opioid use is lacking. The patient is not working. The total opioid dose appears to exceed the daily maximum recommended of 120 MED. Therefore the request for Norco 10/325mg is not medically necessary or appropriate.

**PRILOSEC 20MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-73.

**Decision rationale:** The medical records reviewed do not document any gastrointestinal complaints. The CA MTUS guidelines state medications such as Prilosec may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of the above listed criteria apply to this patient. The guidelines

recommend GI protection for patients with specific risk factors. However, the medical records do not establish the patient is at risk for GI events. In accordance with the CA MTUS guidelines, Prilosec is not medically necessary and appropriate.

**FEXMID 7.5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain), Page(s): 63-64.

**Decision rationale:** The CA MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Recommended for a short course of therapy. An acute exacerbation or muscle spasm has not been established. Review of the patient's medical records demonstrates muscle relaxant has been prescribed on a chronic and ongoing basis. Chronic and ongoing use of muscle relaxants is not supported by the medical literature, and is not recommended under the guidelines. The medical necessity of Fexmid has not been established. Therefore the request is not medically necessary and appropriate.

**VALIUM 5MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain.

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

**Decision rationale:** According to the Official Disability Guidelines, Valium is not recommended. Both the ODG and CA MTUS guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). The CA MTUS states a more appropriate treatment for anxiety disorder is an antidepressant. Chronic use of Valium is not recommended. There are other more appropriate medications available. The request for Valium is not supported by the evidence-based literature. Medical necessity has not been established. Therefore the request is not medically necessary or appropriate.

**COLACE 100MG #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Users Of Opioids (6-Months Or More), Page(s): 88.

**Decision rationale:** Regarding long-term opioid management, the guidelines recommend routine re-assessment should include documentation of any adverse effects with the medications. The medical records do not appear to document any adverse effects, such as constipation, with her medication regimen. In the absence of documented subjective complaints of that nature, the medical necessity for Colace has not established. Therefore the request is not medically necessary or appropriate.

**ANAPROX DS 550MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** According to the CA MTUS guidelines, Anaprox "NSAID" is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Chronic use of NSAIDs is not generally recommended. However, opioid medications have been recommended to be discontinued, and given the patient's report of 7/10 pain level, and findings on examination, an NSAID such as Anaprox would be appropriate to address her pain acutely. The medical necessity of Anaprox has been established. Therefore the request is medically necessary or appropriate.

**CELEXA 40MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain.

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

**Decision rationale:** According to the guidelines, many antidepressants, in particular the Selective Serotonin Reuptake Inhibitors (SSRIs) are considered first-line agents in the treatment of most forms of anxiety. They have a more favorable side-effect profile than monamine oxidase inhibitors (MAOIs) or tricyclic antidepressants (TCAs). They also have the advantage of treating comorbid depression. Anxiety is a non FDA-approved indication for Celexa. According to the 2/12/2014 pain management follow-up medical report, the patient discontinued taking Celexa because she did not feel it was effective. No rationale is provided for continuing the prescription given the patient's perceived lack of benefit. Medical necessity is not established. Therefore the request is not medically necessary or appropriate.

**OXYCONTIN 40MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Opioids, Criteria For Use Page(s): 92,76-80.

**Decision rationale:** The medical records do not establish this patient has obtained overall improvement in function or pain. The guidelines state that if there is no overall improvement in function, opioids should be discontinued. The patient describes 7/10 pain level, but the records do not indicate pain levels with and without medication. The medical records do not demonstrate continuing review of overall situation with regard to non-opioid means of pain control. There is no mention of non-pharmacologic means of pain management. There does not appear to be a documented opioid agreement. The medical records do not establish OxyContin is appropriate and medically necessary for the management of this patient. The medical necessity of OxyContin has not been established. Therefore the request is not medically necessary or appropriate.