MAXIMUS Federal Services

Case Number:	CM14-0003054		
Date Assigned:	01/29/2014	Date of Injury:	07/28/1994
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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:

The injured worker is a 56 year old male who reported an injury on 07/28/1994 secondary to an unknown mechanism of injury. He was evaluated on 11/15/2013 and reported 5/10 low back pain with radiation to the left leg. On physical examination, he was noted to have a positive straight leg raise on the left side with normal motor strength bilaterally. The injured worker was diagnosed with lumbar degenerative disc disease. Medications at that time were noted to include Celebrex 100mg twice a day, Flector patch, Nexium 40mg, and Amrix 15 mg as needed. It was noted that the injured worker had been treated with these medications since at least 03/22/2013 according to the medical records submitted for review. A supplemental report on 1/03/2014 states the injured worker was previously hospitalized for a severe gastrointestinal bleed while he was taking naproxen earlier in his treatment. A request for authorization was submitted for Celebrex 100mg #60, Flector patch #60, Nexium 40mg, and Amrix 15 mg #60 as needed. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 100MG #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COX-2 INHIBITORS, Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), Page(s): 68-70.

Decision rationale: California MTUS Guidelines recommend NSAIDs as an option for short-term symptomatic relief of chronic low back pain and breakthrough neuropathic pain within mixed pain conditions. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The injured worker has used Celebrex since at least 03/22/2013 according to the medical records submitted for review, which may be excessive according to the guidelines depending on progression toward achieving patient treatment goals. There is no documented evidence of quantifiable pain relief or functional improvement with the injured worker's use of this medication. Therefore, there is no documented indication of progression toward patient treatment goals to warrant continued use of this medication. As such, the request for Celebrex 100mg #60 is not medically necessary.

FLECTOR PATCH #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren (Diclofenac), Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-112. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TOPICAL ANALGESICS, 111-112

Decision rationale: California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended when trials of antidepressants and anticonvulsants have failed. The injured worker has used Flector patches since at least 03/22/2013 according to the medical records submitted for review. There is no documented evidence of quantifiable pain relief or functional improvement with the injured worker's use of this medication, and there is no documented evidence of a trial and failure of antidepressants and anticonvulsants. Furthermore, the guidelines do not recommend topical NSAIDs for treatment of the spine or for neuropathic pain as there is no evidence to support use. As such, the request for Flector Patch #60 is not medically necessary.

NEXIUM 40 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS-GI Symptoms & Cardiovascular Risk/PPIs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 68.

Decision rationale: California MTUS Guidelines do not recommend prophylatic use of a proton pump inhibitor with NSAIDs unless the injured worker is at high risk for gastrointestinal events. Risk factors include a documented history of peptic ulcer, gastrointestinal bleeding, or

perforation. The injured worker has used NSAIDs since at least 03/22/2013. A supplemental report on 1/03/2014 states the injured worker was previously hospitalized for a severe gastrointestinal bleed while he was taking naproxen earlier in his treatment. The request as written does not include a frequency or quantity. Therefore, the request as written does not allow for timely reassessment of medication efficacy. Furthermore, as the request for continuation of Celebrex (NSAID) is non-certified, the request for Nexium 40mg is not medically necessary.

AMRIX 15MG #60 PRN (AS NEEDED): Upheld

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

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

Decision rationale: Amrix is a skeletal muscle relaxant. California MTUS Guidelines recommends Amrix as a short course of therapy no longer than 2-3 weeks. The injured worker has used Amrix since at least 03/22/2013 according to the medical records submitted for review, which is excessive according to evidence-based guidelines. Furthermore, there is no documented evidence of quantifiable pain relief or functional improvement with the injured worker's use of this medication. As such, the request for Amrix 15mg #60 as needed is not medically necessary.