MAXIMUS Federal Services

Case Number:	CM14-0131709		
Date Assigned:	09/05/2014	Date of Injury:	10/16/1992
Decision Date:	10/08/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family 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:

This is a 63-year-old female patient who reported an industrial injury to the back on 10/16/1992, 24 years ago, attributed to the performance of her customary job tasks. The patient subsequently underwent lumbar spine surgical intervention. The patient continued to complain of low back pain and underwent spinal cord stimulator implant. The patient reports continued lower back pain, right lower extremity pain, right hand pain, tingling, and numbness of fingers. The objective findings on examination included normal cervical spine range of motion but slow; positive Phalen's test; first CMC stiffness; lower lumbar facet joint tenderness to palpation; SI joint tenderness; positive SLR; muscle strength and upper extremities and lower extremities normal; right ankle weakness; normal reflexes and sensation testing. The patient is diagnosed with lumbar facet arthropathy; lumbar radiculopathy; SI joint dysfunction; chronic pain syndrome; cervical discogenic spine pain; CTS; arthritis to the CMC joint right; degenerative joint disease lumbar; myofascial pain syndrome; status post lumbar spine surgery; status post spinal cord stimulator implant lumbar; hypertension. The patient was prescribed Percocet 10/325 mg three times per day; a urine toxicology screen; Celebrex 200 mg #60; Topamax 50 mg #30; Omeprazole 20 mg #30; Cyclobenzaprine 10 mg unspecified quantity all with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg QTY: 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective COX-2 NSAIDS, Celecoxib (Celebrex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications; Celebrex Page(s): 67-68; 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-- medications for chronic pain; NSAIDs

Decision rationale: The patient was prescribed Celebrex, a COX II inhibitor for the treatment of chronic back pain. There is documentation that the patient has any stomach issues with Celebrex or any other NSAID. There were no other prescribed COX I NSAIDs prescribed to the patient to evaluate for efficacy. The treatment with the NSAIDs is consistent with evidence-based guidelines for the treatment of pain and inflammation. There is no medical necessity for the prescription of a COX II inhibitor without the documentation of a patient's reaction to a prescribed more than one COX I inhibitor. The prescription for Celebrex was accompanied by clinical documentation of a GI reaction from the patient from the prescription of available COX I inhibitors.

Topamax 50mg QTY: 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy Drugs; Topamax Page(s): 16-18; 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter--anti-epilepsy drugs

Decision rationale: The patient was prescribed Topamax (Topiramate) as an adjunct for the treatment of postoperative neuropathic pain subsequent to the lumbar spine surgical intervention. There was no demonstrated medical necessity over the recommended first line AEDs for chronic neuropathic pain. The use of Topamax is recommended for neurogenic pain and for Migraine Headaches. The use of this medication for "neuropathic pain" is not consistent with the recommendations of the ACOEM Guidelines and the Official Disability Guidelines for the treatment of postoperative pain if the first line AEDs has not been documented to have failed. The use of Topamax is consistent with the treatment of chronic neurogenic pain and the treatment of peripheral neuropathic pain for patients that are resistant to the first line AEDs. There is no demonstrated medical necessity for the prescription of Topamax for the effects of the cited mechanism of injury.Topamax is recommended for neuropathic pain (pain due to nerve damage (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy (Attal, 2006). The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Outcome: A "good" response to the use

of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails (Eisenberg, 2007) (Jensen, 2006). 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. AEDs are associated with teratogenicity, so they must be used with caution in woman of childbearing age. Preconception counseling is recommended for anticonvulsants (due to reductions in the efficacy of birth control pills) (Clinical Pharmacology, 2008). The prescription for Topamax 50 mg #30 with refill times 1 is not demonstrated to be medically necessary.

Omeprazole 20mg QTY: 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--medications for chronic pain; NSAIDs

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis with Celebrex.The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is not documented to be taking COX 1 NSAIDs. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for omeprazole 20 mg #30 with refill times 1.

Cyclobenzaprine HCL 10 mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128,Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine

Decision rationale: The prescription for Flexeril (Cyclobenzaprine) 10 mg #unspecified with refill times 1 is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic neck and back pain. The cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine/Flexeril for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence-based guidelines. The California MTUS states that Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of cyclobenzaprine 10 mg #unspecified with refill times 1 for the effects of the industrial injury.