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| Case Number: | CM14-0133276 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 11/08/1985 |
| Decision Date: | 11/04/2014 | UR Denial Date: | 08/13/2014 |
| Priority: | Standard | Application Received: | 08/20/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 50-year-old female who reported an injury on 11/08/1985. The mechanism of injury was not provided. The diagnoses are postlumbar laminectomy syndrome, spinal/lumbar disc degenerative disease, lumbar radiculopathy, chronic back pain, and hip bursitis. The past medical treatment included medications, left and right intra-articular sacroiliac injections, caudal ESI, and botulinum toxin injection. The diagnostic testing included EMG/NCS on 06/24/2004 and a CAT scan of lumbar spine on 04/13/2001. The surgical history was not provided. The injured worker complained of lower back ache on 08/22/2014. The injured worker rated pain with medications a 6/10 on a pain scale, and pain without medications as a 10/10 on the pain scale. The physical examination revealed range of motion is restricted with flexion limited to 80 degrees limited by pain, extension limited to 10 degrees limited by pain. The examination revealed, on palpation of paravertebral muscles, spasm, tenderness, and more on left than right is noted on both sides. Straight leg raising test was positive on left side. Medications included Cymbalta 60 mg, Lidoderm 5% patch, Lyrica 150 mg, carisoprodol 350 mg, Celebrex 100 mg, Norco 10/325 mg, Oxycontin 80 mg, omeprazole 20 mg, and bupropion HCl XL 300 mg. The treatment plan is for Norco 10/325 #84, carisoprodol 350 mg #56, Oxycontin 80 mg #252, Celebrex 100 mg #56, and Zegerid 40 mg #28. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids. Page(s): 78.

Decision rationale: The request for Norco 10/325 #84 is not medically necessary. The injured worker complained of lower back ache on 08/22/2014. The California MTUS Guidelines state that criteria for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief last. The guidelines also state that the four most relevant domains for ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The documentation submitted for review indicates that Norco is helping the patient. However, there was not adequate quantified information regarding pain relief. There was no assessment of the injured worker's current pain on a VAS scale, average pain, and intensity of the pain after taking opioid medications, and longevity of pain relief. There is a lack of documentation indicating urine drug screens are consistent with the prescribed medication regimen. In addition, there was no mention of side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the above, the request for ongoing use of Norco is not supported. Therefore, the request for Norco 10/325 #240 is not medically necessary.

Carisoprodol 350mg #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Muscle Relaxant

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The request for Carisoprodol 350mg #56 is not medically necessary. The California MTUS Guidelines state that Carisoprodol is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: increasing sedation of benzodiazepines

or alcohol, use to prevent side effects of cocaine, use with tramadol to produce relaxation and euphoria, as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (not recommended for a short course of therapy. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The guidelines state Carisoprodol is not recommend for chronic pain or to be used with and in combination of hydrocodone, or in combination with other drugs. There is lack of documentation stating the length of time the injured worker has been prescribed the requested medication. There is a lack of documentation of the physician's rationale for prescribing a muscle relaxant. The frequency of the requested medication was not provided. Therefore the request for Carisoprodol 350mg #56 is not medically necessary.

Oxycontin 80mg #252: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Opioids Page(s): 78.

Decision rationale: The request for Oxycontin 80mg #252 is not medically necessary. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation demonstrating when the injured worker last underwent a urine drug screen. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request for Oxycontin 80mg #252 is not medically necessary.

Celebrex 100 mg #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory drugs), Page(s): 67-72.

Decision rationale: The request for Celebrex 100 mg #56 is not medically necessary. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The

guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. There is a lack of documentation indicating the injured worker has been diagnosed with osteoarthritis. There is a lack of documentation of a measured assessment of the injured worker's pain level. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request for Celebrex 100 mg #56 is not medically necessary.

Zegerid 40 mg #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI use with NSAIDS Page(s): 68.

Decision rationale: The request for Zegerid 40 mg #28 is not medically necessary. The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA. There is lack of documentation the injured worker has a diagnoses of peptic ulcers, GI bleed, or perforation. Therefore the request for Zegerid 40 mg #28 is not medically necessary.