

<b>Case Number:</b>	CM14-0153831		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/16/2003
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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:

The injured worker is a 60-year old female whom experienced an industrial injury 10/16/03 of unknown etiology. During examination on 10/16/03, she complained of chronic low back pain radiating into the groin and rated the pain at 7/10. She reported occasional numbness to the left shin. Upon examination, she exhibited facet pain, left paralumbar spasm, and axial low back pain on extension/rotation. She was prescribed Ativan 1 mg each bedtime, Celebrex 200 mg twice per day, and Percocet 10-325 mg five times per day as needed. It was determined by the physician who performed a Prospective Precertification dated 09/05/14, that none of the aforementioned medications were medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #150:** 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 Pain Interventions and Treatments Page(s): 75,92. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG), per ODG website; Appendix A, ODG Workers' Compensation Drug Formulary; Percocet.

**Decision rationale:** Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, the request is not medically necessary.

**Celebrex 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 22,30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), per ODG website; Appendix A, Workers' Compensation Drug Formulary; Celebrex.

**Decision rationale:** NSAIDs are recommended as an option for short-term symptomatic relief and they are indicated for acute mild to moderate pain. All NSAIDs have US Boxed Warnings for risk of adverse cardiovascular events and GI symptoms. Other disease-related concerns include hepatic and renal system compromise. Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with treatment goals. The patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use. Therefore the request is not medically necessary.

**Methadone to 5mg #60:** 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 Pain Interventions and Treatments Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), per ODG website; Appendix A, ODG Workers' Compensation Drug Formulary; Methadone.

**Decision rationale:** Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, the request is not medically necessary.

**Ativan 1mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), per ODG website; Appendix A, ODG Workers' Compensation Drug Formulary; Ativan.

**Decision rationale:** According to page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, According to page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines 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. Tolerance develops with long-term use. In this case, the patient has been injured in 2003. Long-term efficacy is unproven and there is a risk of dependence with Ativan. Therefore the request is not medically necessary.