

Case Number:	CM14-0160993		
Date Assigned:	10/06/2014	Date of Injury:	03/27/2009
Decision Date:	11/25/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/01/2014

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 Practice and is licensed to practice in Ohio. 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 46-year-old male with a date of injury of 3/27/2008. He has chronic neck, right shoulder, and low back pain associated with numbness and weakness of the right lower extremity and paresthesia of the left hand. The physical exam reveals diminished cervical range of motion, spasm of the trapezius musculature, and diminished sensation of the left C6 and C7 dermatome regions. The lumbar spine shows diminished range of motion, tenderness, and spasm. The straight leg raise test is positive on the right at 40 degrees. The right shoulder reveals a positive Hawkins's test and tenderness of the subacromial region and acromioclavicular joint. He has been treated with anti-inflammatories, opioids, and muscle relaxants. A lumbar epidural steroid injection and Arthroscopic Surgery of the Right Shoulder is proposed. The diagnoses include degeneration of the cervical intervertebral disc, cervical radiculitis, right shoulder impingement, lumbar disc displacement, and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

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

Decision rationale: The referenced guidelines state that for those requiring opioids chronically there should be ongoing monitoring of analgesia, functionality, adverse drug reactions, and screening for aberrant drug taking behavior. While the documentation seems to lack some of these ingredients, it is also said that opioids may be continued if there is improvement in pain and functioning or if the patient has returned to work. In this instance, the record reflects that the injured worker has returned to work with duty modifications. Therefore, Norco 10/325mg #60 is medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: Cyclobenzaprine is recommended as an option for pain, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this instance, it appears the injured worker has been prescribed Flexeril for at least 3 months. Based on the duration prescribed so far, Cyclobenzaprine 7.5mg #90 is not medically necessary per the referenced guidelines.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

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

Decision rationale: Per the Official Disability Guidelines, there is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. For acute low back pain & acute exacerbations of chronic pain, NSAIDs are recommended as a second-line treatment after Acetaminophen. In general, there is conflicting to negative evidence that NSAIDs are more effective than Acetaminophen for acute LBP. For patients with acute low back pain with sciatica a recent review found no differences in treatment with NSAIDs vs. placebo. In this instance, it has been documented on a

couple of occasions that the injured worker has had no relief with anti-inflammatories. He has been on Anaprox with a gradual dosage escalation and he has evidently not improved. It is unclear if the request for Celebrex is meant to be in addition to or to replace the Anaprox. Because there is no evidence that the COX-2 inhibitor type anti-inflammatories are any more effective than traditional anti-inflammatories and given that the injured worker has found no relief from traditional NSAIDs, Celebrex 200mg #30 is not medically necessary.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, NSAIDs, GI Symptoms & Cardiovascular Risk

Decision rationale: When a patient is prescribed an anti-inflammatory medication, the clinician must assess the potential for adverse, gastrointestinal consequences that may result. Those risk factors are thought to be 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). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. For those with an intermediate or higher risk of gastric ulceration, the co-prescription of a proton pump inhibitor may be appropriate to mitigate that risk. In this instance, the injured worker appears to be taking high dose Anaprox. Therefore, Prilosec 20mg #60 is medically necessary.