

Case Number:	CM14-0169381		
Date Assigned:	10/17/2014	Date of Injury:	07/31/2013
Decision Date:	11/19/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/14/2014

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 Internal 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:

Lumbar radiculopathy and lumbar facet syndrome. Date of injury was 07-31-2013. Regarding the mechanism of injury, the patient reports that on July 31, 2013, as she was entering the women's restroom, she slipped on some water. She lost her balance and her feet flew out from under her. She fell backwards and landed flat on her back and struck the back of her head, against the ground. As of 9/16/14, the patient is currently taking medications, including Celebrex, Nexium, Hydrocodone and Zanaflex. Progress report dated 9/22/2014 reveals that symptoms are unchanged. The patient complains of low back pain with secondary radicular pain to the lower extremities, worse on the right. The patient also complains of moderate-severe neck pain and stiffness described as frequent, constant, dull, sharp, numbness, ache, soreness, joint pain, muscle spasm, sore muscles, and stress. Current medications include Norco and Zanaflex. Pain with medications is rated 3-4/10, and without medications pain is rated 10/10. Examination reveals bilateral tenderness and spasm of the lumbar paravertebral muscles and quadratus lumborum greater on the right, facet joint pain at L4-5 and L5-S1, reduced range of motion, positive straight leg raise test in the right lower extremity, radiculitis to the calf, left shoulder periscapular and subacromial tenderness, positive left impingement sign, and decreased range of motion. Utilization review determination date was 10/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines inflammatory drugs NSAIDs Page(s): 73, 67. Decision based on Non-MTUS Citation inflammatory drugs) Page Ds (non-steroidal

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers, beta-blockers, or diuretics. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not present recent laboratory test results, which are recommended for NSAID use per MTUS. Medical records indicate long-term NSAID use, which is not recommended by MTUS. The medical records and MTUS guidelines do not support the use of the topical NSAID Celebrex. The use of the NSAID Celebrex is not supported by medical records and MTUS guidelines. Therefore, the request for 1 prescription for Celebrex 200mg #30 is not medically necessary.

1 prescription of Norco 5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criterial for Use of Opioids.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Opioid dosing guidelines are presented (page 86). Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Norco is indicated for moderate to moderately severe pain. Medical records document regular use of opioid medications with regular office visits for clinical reevaluation. The medical records document objective evidence of significant pathology on imaging studies and physical examination. Analgesia was reported.

Medical records support the maintenance of the patient's pain medication regimen. Medical records support the maintenance of the Norco 5/325 mg prescription. Therefore, the request for 1 prescription of Norco 5/325mg #60 is medically necessary.

1 prescription of Voltaren gel 1.3%, 100gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Inflammatory drugs, NSAIDS Page(s): 777-113, 73, 67.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDS have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records indicate the long-term use of NSAIDS. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not present recent laboratory test results, which are recommended for NSAID use per MTUS. Medical records indicate long-term NSAID use, which is not recommended by MTUS. The medical records and MTUS guidelines do not support the use of the topical NSAID Voltaren. The use of the NSAID Voltaren is not supported by medical records and MTUS guidelines. Therefore, the request for 1 prescription of Voltaren gel 1.3%, 100gm is not medically necessary.

1 prescription of Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Zanaflex (Tizanidine) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored. Medical records document the long-term use of muscle relaxants. Medical records do not document recent liver function tests (LFT), which is required for safe Zanaflex use, per MTUS guidelines. MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend long-term use of muscle relaxants. MTUS and ACOEM guidelines do not support the medical necessity of muscle relaxants. Therefore, the request for 1 prescription of Zanaflex 4mg is not medically necessary.