MAXIMUS Federal Services

Case Number:	CM14-0177101		
Date Assigned:	10/30/2014	Date of Injury:	02/10/2008
Decision Date:	12/05/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/27/2014

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 55-year-old female patient who reported an industrial injury to the back on 2/10/2008, over six (6) years ago, attributed to the performance of her usual and customary job tasks. The patient complained of lower back pain intermittent radiating to the left lower extremity. The patient was taking Norco along with Lidoderm patches. The patient reported an exacerbation of her lower back pain but was improved the objective findings on examination included decreased sensation over the lateral aspect of the right lateral calf and medial calf; negative SLR; able to heel and toe walk without difficulty. The patient was noted to have had epidural steroid injections in the past with good relief. The treating diagnoses included thoracic or lumbosacral neuritis or radiculitis unspecified. The patient was prescribed medications including atenolol 25 mg; Norco 5/325 mg; and Celebrex 200 mg without prescribed quantities. The patient was noted also be prescribed Lidoderm patches along with Mobic 7.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atenolol 25mg tabs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2014, diabetes (type 1, 2, and gestational)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) diabetes chapter-hypertension treatment Other Medical Treatment Guideline or Medical Evidence: Displinary Guidelines for the general pracitice of medicine

Decision rationale: The patient is being prescribed Atenolol, a beta-blocker, for the treatment of hypertension. The prescription of Atenolol is not recognized as a first-line treatment for back pain but is a first-line treatment for hypertension. The patient is reported to have HTN for which atenolol is medically necessary. However, there is no nexus to the cited mechanism of injury or the reported back pain. The use of Atenolol is not medically necessary for the treatment of the effects of industrial injury. There is no rationale or nexus to the effects of the industrial injury for the prescribed Atenolol. There is no documented blood pressure reading with the requested atenolol. There is no series of three (3) blood pressure readings that are elevated to support the medical necessity of an antihypertensive. There is no demonstrated functional improvement with the prescribed atenolol. The use of Atenolol is directed to the treatment of an underlying comorbidity for this patient. The prescription of a beta-blocker for the treatment of HTN is not demonstrated to be medically necessary, as there is no demonstrated functional improvement or assessment of efficacy.

Norco 5/325mg tabs: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306,Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) chapter 6 pages 114-116

Decision rationale: Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse, and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for Hydrocodone-APAP (Norco) 5/325 mg # unspecified for short acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury six (6) years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical low back pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is six (6) years s/p DOI with reported continued issues; however, there is no rationale supported with objective evidence to continue the use of opioids. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury.The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability

Guidelines for the long-term treatment of chronic back/knee pain. There is no demonstrated sustained functional improvement from the prescribed high dose opioids.The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines.The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues.Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids.The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect."ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, If: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician, and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also note, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 5/325 mg # unspecified is not demonstrated to be medically necessary.

Celebrex 200mg caps: Upheld

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

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.The medical records demonstrate that a NSAID is prescribed; however, there is demonstrated medical necessity for a COX II inhibitor over a COX I inhibitor NSAID or an OTC NSAID. The medical records reflect a rationale for the use of Celebrex as opposed to a standard NSAID/COX I inhibitor for the demonstrated ongoing symptoms.The California MTUS states that Celebrex is a nonsteroidal anti-inflammatory drug that is a Cox II selective inhibitor, a drug that directly targets Cox II, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the anti-platelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain management procedures. It may be considered the patient has a risk of G.I. complications but not for the majority of patients. Generic NSAIDs and Cox II inhibitors have similar efficacy and risks when used for less than three months but a 10 to 1 difference in cost. There is no current clinical documentation that indicates that the patient has an acute inflammatory process for which this medication would be necessary patient appears to have had renal functioning issues in the past that were related to NSAID medications. Therefore, Celebrex 200 mg #unspecified is not clinically indicated or medically necessary.