

<b>Case Number:</b>	CM14-0178450		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	08/02/2005
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Management 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:

According to the records made available for review, this is a 68-year-old male with an 8/2/05 date of injury. At the time (9/15/14) of the request for authorization for Celebrex 200mg #30 with 2 refills, Vicodin 5/300mg #30 with 2 refills, Lyrica 75mg #30 with 2 refills, and Therapy (unspecified) twice weekly, lumbar spine QTY 6, there is documentation of subjective (increasing discomfort in the back) and objective (tenderness in the paraspinal muscles, flexion 70, extension 10, and right and left bending 20) findings, current diagnoses (history of tendinitis right wrist and right carpal tunnel syndrome and chronic low back pain with degenerative disc disease and facet disease), and treatment to date (home exercise program and medication including ongoing use of Celebrex, Vicodin, and Lyrica). Regarding Celebrex 200mg #30 with 2 refills, there is no documentation of a high-risk of GI complications with NSAIDs; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Celebrex use to date. Regarding Vicodin 5/300mg #30 with 2 refills, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Vicodin use to date. Regarding Lyrica 75mg #30 with 2 refills, there is no documentation of neuropathic pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lyrica use to date. Regarding Therapy (unspecified) twice weekly, lumbar spine QTY 6, it is not clear if this is a request for initial or additional (where physical therapy provided to date may have already exceeded guidelines regarding frequency) physical therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 with 2 refills:** 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 Page(s): 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies a high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of history of tendinitis right wrist and right carpal tunnel syndrome and chronic low back pain with degenerative disc disease and facet disease. However, there is no documentation of a high-risk of GI complications with NSAIDs. In addition, given documentation of ongoing use of Celebrex, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Celebrex use to date. Therefore, based on guidelines and a review of the evidence, the request for Celebrex 200mg #30 with 2 refills is not medically necessary.

**Vicodin 5/300mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of history of tendinitis right wrist and right carpal tunnel syndrome and chronic low back pain with degenerative disc disease and facet disease. However, there is no

documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing use of Vicodin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Vicodin use to date. Therefore, based on guidelines and a review of the evidence, the request for Vicodin 5/300mg #30 with 2 refills is not medically necessary.

**Lyrica 75mg #30 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Lyrica. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of history of tendinitis right wrist and right carpal tunnel syndrome and chronic low back pain with degenerative disc disease and facet disease. However, there is no documentation of neuropathic pain. In addition, given documentation of ongoing use of Lyrica, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lyrica use to date. Therefore, based on guidelines and a review of the evidence, the request for Lyrica 75mg #30 with 2 refills is not medically necessary.

**Therapy (unspecified) twice weekly, lumbar spine QTY 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 08/22/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of

independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of radiculitis not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of history of tendinitis right wrist and right carpal tunnel syndrome and chronic low back pain with degenerative disc disease and facet disease. However, it is not clear if this is a request for initial or additional (where physical therapy provided to date may have already exceeded guidelines regarding frequency) physical therapy. Therefore, based on guidelines and a review of the evidence, the request for Therapy (unspecified) twice weekly, lumbar spine QTY 6 is not medically necessary.