

Case Number:	CM14-0179401		
Date Assigned:	11/03/2014	Date of Injury:	10/08/1996
Decision Date:	12/10/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/29/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and chronic pain syndrome reportedly associated with an industrial injury of October 8, 1996. The applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; epidural steroid injection therapy; and opioid therapy. In a Utilization Review Report dated October 13, 2014, the claims administrator approved a request for morphine, denied a request for Celebrex, partially approved a request for Lyrica, partially approved a request for MiraLax, approved a request for Roxicodone, and approved a request for Ambien. The applicant's attorney subsequently appealed. In an August 5, 2014 progress note, the applicant reported ongoing complaints of low back pain, hip pain, gait derangement, weight gain, and psychological stress. The applicant had apparently undergone a gastric bypass but was still weighing over 269 pounds. The applicant stated that his pain complaints were impacting his ability to communicate, grip, grasp, button his shirt, lift articles weighing greater than 10 pounds, and perform bathing. The applicant stated that, at times, his pain was so severe that he would skip bathing. The applicant reported pain as high as 10/10, sometimes reduced to 4/10 with medications. The applicant was using morphine, Celebrex, Lyrica, MiraLax, oxycodone, and Ambien, it was acknowledged. The applicant was asked to continue Avinza, Lyrica, Celebrex, MiraLax, oxycodone, and Ambien. The applicant was asked to continue spinal cord stimulation. The applicant's work status was not furnished. On September 2, 2014, the attending provider stated that the applicant's disability status was a matter of record. The applicant was asked to continue Avinza, Celebrex, Lyrica, oxycodone, and Ambien. The applicant was using a variety of other medications from his personal physician, including insulin, Klonopin, Effexor, Zestril,

Prilosec, Zocor, and Synthroid. On June 6, 2014, it was stated that the applicant was using a walker to move about.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic, Functional Restoration Approach to Chronic Pain Management.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are indicated in applicants who have a history of GI complications with nonselective NSAIDs, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, there has been no clear demonstration of medical efficacy with ongoing Celebrex usage. While the attending provider has reported that the applicant's pain scores are, at times, reduced from 10/10 without medications to 4/10 with medications, the attending provider has failed to outline any compelling improvements in function achieved as a result of ongoing Celebrex usage. The applicant's commentary to the effect that he often skips bathing as a result of heightened pain complaints, comments that the applicant is having difficulty communicating and concentration secondary to pain, comments that the applicant must use a walker to move about at times secondary to pain, and comments made by the applicant that he is unable to lift articles weighing greater than 10 pounds, taken together, do not make a compelling case for continuation of Celebrex. Ongoing usage of Celebrex, it is further noted, has failed to curtail the applicant's dependence on opioid agents such as oxycodone and morphine. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Celebrex. Therefore, the request is not medically necessary.

Lyrica 100mg #60 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin topic, Functional Restoration Approach to Chronic Pain Management section Page(s): 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin (Lyrica) is a first-line treatment for diabetic neuropathic pain and/or postherpetic neuralgia, this recommendation is likewise qualified by commentary made

on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant is seemingly off of work. The applicant is having difficulty performing activities of daily living as basic as bathing, walking, lifting articles weighing greater than 10 pounds, and dressing himself, owing to ongoing pain complaints. Ongoing usage of Lyrica has failed to curtail the applicant's dependence on opioid agents such as morphine and oxycodone. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.

Miralax 17gm #527 gm with 3 refills.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section. Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation should be initiated in applicants using opioid therapy. Here, the applicant is, in fact, using a variety of opioids, including oxycodone and morphine. Prophylactically providing MiraLax, a laxative, to combat any symptoms of opioid-induced constipation which might arise is therefore indicated. Accordingly, the request is medically necessary.