

Case Number:	CM14-0185507		
Date Assigned:	11/13/2014	Date of Injury:	08/22/2005
Decision Date:	12/15/2014	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/07/2014

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 Preventive 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:

According to the records made available for review, this is a 54-year-old female with an 8/22/05 date of injury. At the time (11/3/14) of the Decision for Celebrex 200mg 1 p.o. bid #60, refills 1, Prilosec 20mg 1 p.o. qd #30, Lorzone 750mg 1 p.o. qd-bid prn #60, Percocet 10/325mg 1 p.o. tid #90, and Trial PC 5001 compound cream 150 gm, there is documentation of subjective (neck and low back pain) and objective (tenderness over cervical and lumbar paraspinal muscle with spasm) findings, current diagnoses (lumbago, cervical spondylosis, and lumbosacral spondylosis), and treatment to date (medications (including ongoing treatment with Celebrex, Prilosec, Colace, Dilaudid, and Lorzone since at least 3/4/14)). Medical report identifies ongoing urine drug screen for opioid therapy. In addition, medical reports identify GI issues with NSAIDs. Regarding Celebrex 200mg 1 p.o. bid #60, refills 1, 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 Celebrex use to date. Regarding Lorzone 750mg 1 p.o. qd-bid prn #60, there is no documentation of acute exacerbation of chronic low back pain; an intention for short-term (less than two weeks) treatment; 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 Lorzone use to date. Regarding Percocet 10/325mg 1 p.o. tid #90, 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 documentation of pain relief, functional status, 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 as a result of Percocet use to date. Regarding Trial PC 5001 compound cream 150 gm, there is no documentation of neuropathic pain; that trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg 1 p.o. bid #60, refills 1: 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 Page(s): 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of 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 lumbago, cervical spondylosis, and lumbosacral spondylosis. In addition, there is documentation of ongoing treatment with Celebrex; and GI issues with NSAIDs. However, given documentation of ongoing treatment with 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 as a result of Celebrex use to date. Therefore, based on guidelines and a review of the evidence, the request for Celebrex 200mg 1 p.o. bid #60, refills 1 is not medically necessary.

Prilosec 20mg 1 p.o. qd #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Prilosec. 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 lumbago, cervical spondylosis, and lumbosacral spondylosis. In addition, there is documentation of ongoing treatment with Protonix. Furthermore, given documentation of GI issues with NSAIDs, and ongoing treatment with NSAIDs, there is documentation of risk for gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg 1 p.o. qd #30 is medically necessary.

Lorzone 750mg 1 p.o. qd-bid prn #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. 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 identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbago, cervical spondylosis, and lumbosacral spondylosis. In addition, there is documentation of ongoing treatment with Lorzone; and Lorzone used as a second line option. However, despite documentation of muscle spasm, and a given documentation of an 8/22/05 date of injury, there is no (clear) documentation of acute muscle spasm or an acute exacerbation of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Lorzone since at least 3/4/14, there is no documentation of an intention for short-term (less than two weeks) treatment. Furthermore, 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 Lorzone use to date. Therefore, based on guidelines and a review of the evidence, the request for Lorzone 750mg 1 p.o. qd-bid prn #60 is not medically necessary.

Percocet 10/325mg 1 p.o. tid #90: Upheld

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 Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

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 lumbago, cervical spondylosis, and lumbosacral spondylosis. In addition, there is documentation of ongoing treatment with Percocet. However, despite documentation of ongoing urine drug screen for opioid therapy, 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 documentation of pain relief, functional status, and side effects. In addition, given documentation of ongoing treatment with Percocet, 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 Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325mg 1 p.o. tid #90 is not medically necessary.

Trial PC 5001 compound cream 150 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, before the requested medications can be considered medically appropriate, it is reasonable to require documentation of which specific medications are being requested and for which diagnoses/conditions that the requested medications are indicated. Within the medical information available for review, there is documentation of diagnoses of lumbago, cervical spondylosis, and lumbosacral spondylosis. However, despite documentation of pain, there is no (clear) documentation of neuropathic pain. In addition, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Trial PC 5001 compound cream 150 gm is not medically necessary.