

<b>Case Number:</b>	CM14-0028344		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	05/19/2009
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 55-year-old male who reported an injury on 05/19/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 04/09/2014 indicated diagnoses of chronic low back pain, bilateral sciatic pain, lumbar degenerative disc disease, likely sacroiliac joint syndrome, and pain related insomnia. The injured worker reported back pain that was worsening. The injured worker underwent radiofrequency ablation from L3 to S1 levels dated 05/07/2013. He noted 50% to 70% reduction in his low back pain and was able to taper the Norco down to 1 a day. The injured worker reported chronic low back pain with radicular symptoms to his bilateral lower extremities. The injured worker had signed a pain contract and has not exhibited any aberrant behaviors regarding his medication. On physical examination of the lumbar spine, there was slight tenderness noted in the lower lumbar overlying facet joints. No lumbar paraspinal tenderness was noted. The injured worker's deep tendon reflexes in the lower extremities were 2+. The injured worker was declared permanent and stationary. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included Celebrex, Amrix, Norco, and Lyrica. The provider submitted a request for the above medications. A request for authorization dated 04/18/2014 was submitted for the above medications; however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg #30 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The CA MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The guidelines also state Celebrex is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Although the injured worker reports a reduction in his pain with the use of his medications, there was a lack of the injured worker's pain level. Moreover, the request did not indicate a frequency for this medication. Therefore, the request for Celebrex 200 mg #30 with 2 refills is not medically necessary and appropriate.

**Norco 10/325 Mg #45 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list and criteria for use Page(s): 91, 78.

**Decision rationale:** The California MTUS guidelines state that Norco/hydrocodone/acetaminophen are a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Although the injured worker reported relief with the use of this medication, there was lack of documentation of the injured worker's pain level. In addition, the request did not indicate a frequency for this medication. Therefore, the request for Norco 10/325 mg #45 with 2 refills is not medically necessary and appropriate.

**Amrix 15 mg #30 with 2 refills:** 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 Cyclobenzaprine (Amrix) Page(s): 41-42.

**Decision rationale:** The CA MTUS guidelines recommend cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. The guidelines note the medication is not

recommended to be used for longer than 2-3 weeks. The injured worker has been prescribed this medication since at least 04/2014. This exceeds the guideline recommendations for short-term. The guidelines recommend 2 to 3 weeks. In addition, the request did not indicate a frequency for this medication. Therefore, the request for Amrix 15 mg #30 with 2 refills is not medically necessary and appropriate.

**Lyrica 75 mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LYRICA (PREGABALIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 19.

**Decision rationale:** The California MTUS guidelines states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. The injured worker has been prescribed this medication since at least 04/2014. This exceeds the guideline recommendations for short-term. The guidelines recommend 2 to 3 weeks. In addition, the request did not indicate a frequency for this medication. Therefore, the request for Lyrica 75 mg #60 with 2 refills is not medically necessary and appropriate.