MAXIMUS Federal Services

Case Number:	CM14-0028451		
Date Assigned:	06/16/2014	Date of Injury:	07/14/2010
Decision Date:	07/25/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	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 Internal 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 patient is a 46-year-old who sustained a worker's comp injury on July 14, 2010 when he suffered a back strain. An MRI on May 18, 2013 demonstrated a disc bulge at L1-L2 of 1 mm. and also a disc bulge at L4-5 that caused an impression at the anterior spinal cord of 2 to 3 mm. with mild central canal stenosis. An EMG (electromyogram) on May 3, 2013 showed mild L4-5 radiculopathy on the left and no evidence of peripheral neuropathy. Various PR2 notes and a QME report were reviewed. It was noted that the patient had been treated with PT, acupuncture, ESI,FRC program, and medications. On a January 22, 2014 note the PCP noted that the patient had pain radiating down both legs from the low back and he noted weakness and numbness in his legs as well as tingling. On exam the patient was noted to have a - straight leg raise test and mild tenderness on palpation of his lower back. DTR's were noted to be 2+ but the sensation in the lower extremities were noted to be decreased. The diagnoses were noted to be spasm, psychogenic back pain, displacement of lumbar disc,myelopathy, chronic pain, and depression. On February 17, 2014 the UR denied rx with lyrica, omeprazole, celebrex, norco, and cyclobenzaprine.This triggered the request for IMR review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50, ninety count with two refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:medical online reference Up to Date, Topic 9473 Version 101.0 and Topic 2785 Version 27.0.

Decision rationale: Up to Date states that lyrica is used for the rx of DM neuropathy, Neuropathy from spinal cord injuries, and postherpetic neuralgia and that it is approved for neuropathic pain which is chronic in nature. Caution should be used in concomitant treatment in patients on other sedating medicines because of the side effect of somnolence. Other possible side effects include edema, suicide thoughts, weight gain, and decrease in vision and decrease in platelet counts. The above patient was noted to have decrease in sensation in his extremities secondary to nerve compression from a disc at the spinal cord. He also had radiating pain from his back down his left leg, again secondary to spinal etiology. Lyrica is indicated for treatment of this condition. There was no indication that the combination of this med with norco caused unusual problems with sedation. Also the patient had exhausted other modalities of rx such as FRC and ESI (epidural steroid injection) and acupuncture. Therefore, it was indicated to treat the patients chronic nerve like pain with lyrica. The request for Lyrica 50, ninety count with two refills, is medically necessary and appropriate.

Omeprazole 20mg, sixty count with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines notes that patients at intermediate risk for GI (gastrointestinal) events and no cardiovascular risk should be treated with a non selective NSAID's (non-steroidal anti-inflammatory drugs) combined with a PPI (proton pump inhibitor) such as omeprazole, or the use of an agent such as cytotec, or with a cox-2 selective agent Omeprazole would provide protection from GI pathology. However, it is noted that use for greater than one year is associated with an increased risk of hip fracture. In this patient it was determined that use of Celebrex was not indicated. The omeprazole was prescribed in order to provide GI protection with chronic use of this medication. Therefore, there is no medical indication for the use of omeprazole. The request for Omeprazole 20mg, sixty count with two refills is not medically necessary or appropriate.

Celebrex 100mg, 120 count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: medical online resource Up to Date, Topic 8847 and Version 98.0 and Topic 7992 and Version 11.0.

Decision rationale Celebrex is a cox -2 NSAID (non-steroidal anti- inflammatory drug) which is ideally used at the lowest dose and shortest time. It is used for acute pain, RA pain,and other musculoskeletal pain conditions. It is also noted that risk factors for gastroduodenal toxicity such as age greater than 65,use of anticoagulants, H/O GI bleed, PUD disease, or use of steroids should prompt use of a cox-2 with or without a PPI (proton pump inhibitor), another NSAID with a PPI or the use of an NSAID with cytotec. The patient has chronic pain which has failed other treatment modalities and is not a surgical candidate and therefore needs pain meds treatment and an NSAID is indicated. However, he is not noted to have side effects from another med such as motrin or naprosyn and is not noted to have the above mentioned risks for gastroduodenal pathology. Therefore, another more traditional NSAID such as motrin or naprosyn should be utilized. Therefore, the request for Celebrex 100mg, 120 count with two refills, is not medically necessary or appropriate.

Norco 5/325mg, ninety count with two refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-77.

Decision rationale: Norco is a combination of hydrocodone and tylenol. It is noted that this is a short acting opiod and the dose is limited by the rate limiting dose of the tylenol component .It is noted that a trial of nonopiod med should be first and that higher doses would be needed in the treatment of neuropathic pain. Also, side effects such as constipation should be closely monitered. Patients should be monitered for addiction and closely followed and certain conditions such as anxiety or depression could decrease the efficacy of this medication. As noted , this is a short acting med and is often used on an intermittent basis and for breakthrough pain.This patient was already being treated with an NSAID and lyrica and still suffered pain. He was not a surgical candidate and had exhausted other forms of treatment such as PT (physical therapy), FRC , acupuncture and ESI prescriptions. He appeared to be tolerating the medicine and did not appear to be exhibiting behavior indicative of addiction or drug seeking. Therefore, the request for Norco 5/325mg, ninety count with two refills is medically necessary and appropriate.

Cyclobenzaprine 10mg, thirty count with two 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 Page(s): 41 and 63.

Decision rationale: In the chronic pain section it is noted that a short course is more effective than placebo for back pain. It is also noted that the effect is modest and comes at the price of greater adverse effects. The effect is greater in the first 4 days and treatment should be brief .The addition to other agents is not indicated . Also , this med is classified as a muscle relaxant and it is noted that muscle relaxants are widely used but should not be a primary drug of choice. We note that this patient is already on norco and lyrica and both cause sedation. The benefit of this med not is considered to be extremely effective in chronic use and would add to the sedating effects of the other two medications listed. The side effect profile for this med in this combination appears greater than the potential beneficial effect and therefore cyclobenzaprine is not indicated for use in this patient. The request for Cyclobenzaprine 10mg, thirty count with two refills, is not medically necessary or appropriate.