MAXIMUS Federal Services

Case Number:	CM14-0032711		
Date Assigned:	04/16/2014	Date of Injury:	06/10/2004
Decision Date:	08/08/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/12/2014

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 Medicine, and is licensed to practice in Texas. 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 records reviewed indicate the injured worker is a 44-year-old male who sustained an injury on 06/10/04 while moving heavy materials out of a van. Prior conservative treatment included physical therapy and acupuncture treatment which provided no relief. Ultimately the injured worker underwent lumbar disc replacement surgery in December of 2005 which was reported as unsuccessful. The injured worker also received multiple epidural steroid injections however this provided minimal benefit. The injured worker had not returned to work since the date of injury. The injured worker had been treated with multiple medications including Norco, Celebrex, and Skelaxin. The injured worker had urine toxicology results from 2013 showing positive result positive findings for marijuana in addition to narcotic medications. The injured worker was started on Nucynta ER 50mg every twelve hours in 10/13 in addition to Norco 10/325mg five to six times daily as needed for breakthrough pain. The injured worker was placed on Nucynta in hopes of reducing the amount of Norco being utilized. The injured worker reported on 10/31/13 that Nucynta was providing benefits allowing him to reduce Norco to four to five times per day. The pain scores were rated 4/10 on the visual analog scale with medications. On physical examination, there was continued tenderness over the sacroiliac joints with as well as over the lumbar paraspinal musculature. The injured worker described pain with lumbar range of motion. Nucynta hydrocodone and Celebrex were continued at this visit. Flexeril was discontinued at this visit due to side effects and muscle relaxers were placed on hold. The injured worker had a signed opioid contract with the pain management office. The clinical note on 11/14/13 indicated the injured worker had not had refills of Nucynta. The injured worker reported increasing pain with associated depression secondary to chronic pain. Norco was refilled at this visit as the injured worker had been able to decrease his use to four per day. Nucynta ER was increased to 100mg every twelve hours. The injured worker denied any side effects with the current narcotic

medications and felt that they helped increase function and control pain. Follow up on 12/03/13 indicated the injured worker had improvements with the increase of Nucynta ER to 100mg. The injured worker was having functional benefits obtained with both Norco and Celebrex. The pain scores were 4/10 on the visual analog scale. Physical examination was essentially unchanged from prior evaluations. No refills were noted at this evaluation as Norco and Nucynta was refilled a week earlier. Tizanidine was restarted on 12/19/13 due to increasing muscular spasms in the lower extremities. The injured worker was also continuing to receive psychological treatment for chronic pain for depression associated with his chronic pain. Follow up on 01/16/14 noted pending the injured worker was pending a spinal cord stimulator trial. Nucynta ER had been increased to 150mg however there was no substantial improvement noted with this increase. The injured worker continued to report pain 4/10 on the visual analog scale with medications. Physical examination findings were unchanged and prior electrodiagnostic studies from 12/19/13 noted evidence of bilateral chronic L5-S1 radiculopathy. The injured worker was recommended to attend massage therapy at this visit and Norco was continued at four times a day with Nucynta ER at 150mg increased to 200mg every twelve hours. The requested Celebrex 200mg #90 prescribed 01/16/14, Norco 10/325mg #120 prescribed 01/16/14, and Nucynta ER 200mg #60 on prescribed 01/16/14 were denied by utilization review on 01/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #90 from date of service 1/16/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The injured worker described functional improvement and pain reduction obtained with Celebrex for ongoing chronic radiculopathy. Although the MTUS guidelines do not recommend long term use of anti-inflammatories, there were no side effects with continuation of Celebrex as of 01/16/14. Furthermore, the injured worker had been recommended for a spinal cord stimulator trial to address chronic radiculopathy that had failed an extensive amount of conservative treatment. Pending the spinal cord stimulator this reviewer would not have recommended any change to prescribed medications. Therefore, the medical necessity of Celebrex is established. The request for Celebrex 200mg #90 from date of service 1/16/14 is certified.

Norco 10/325mg#120 from date of service 1/16/14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Long-term opioid use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker described functional improvement and pain reduction obtained with Norco for ongoing chronic radiculopathy. The injured worker was on a pain contract and no significant aberrant medication behaviors or side effects were reported. The injured worker's pain scores were low at 4/10 on the visual analog scale and the injured worker had been successful in reducing the amount of Norco being taken daily down to 4 per day from as high as eight. Furthermore, the injured worker had been recommended for a spinal cord stimulator trial to address chronic radiculopathy that had failed an extensive amount of conservative treatment. Pending the spinal cord stimulator this reviewer would not have recommended any change to prescribed medications. Therefore, the medical necessity of Celebrex is established. The request for Norco 10/325mg#120 from date of service 1/16/14 is certified.

Nucynta ER 200mg #60 from date of service 1/16/14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Long-term opioid use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker described functional improvement and pain reduction obtained with Nucynta for ongoing chronic radiculopathy. The injured worker was on a pain contract and no significant aberrant medication behaviors or side effects were reported. The injured worker's pain scores were low at 4/10 on the visual analog scale and the injured worker had been successful in reducing the amount of Norco being taken daily down to four per day from as high as eight with the use of Nucynta for baseline pain control. Furthermore, the injured worker had been recommended for a spinal cord stimulator trial to address chronic radiculopathy that had failed an extensive amount of conservative treatment. Pending the spinal cord stimulator this reviewer would not have recommended any change to prescribed medications. Therefore, the medical necessity of Celebrex is established. The request for Nucynta ER 200mg #60 from date of service 1/16/14 is certified.