

Case Number:	CM14-0055861		
Date Assigned:	07/09/2014	Date of Injury:	07/14/1997
Decision Date:	09/24/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/25/2014

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 Family 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:

This is a 60 year old female who reported an industrial injury on 7/14/1997, over 27 years ago, attributed to the performance of her job tasks. The patient is being treated for chronic neck pain/Cervicalgia. The patient was also diagnosed with cervical radiculitis; arthritis of the cervical spine; neck pain; cervical spine DDD; myofascial pain; opioid dependence; chronic knee pain. The objective findings on examination by the treating physician included normal strength to the spine and torso; moderate tenderness to the cervical spine with some diminished range of motion; lumbar spine with tenderness to palpation and decreased range of motion; normal sensory the my: normal motor function; no focal motor defects; mood and affect flat. The patient was prescribed Celebrex 200 mg #30 with six refills; Cymbalta 60 mg #30 with 10 refills; nortriptyline 25 mg 2 to 3 PO QHS #90; oxycodone 30 mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine

(ACOEM), 2nd Edition, (2004) chapter 6 pages 114-16; Official Disability Guidelines (ODG) chapter on pain, opioids, criteria for use.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines section on Opioids; Ongoing Management recommends; "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records provided for review do not contain the details regarding the above guideline recommendations. The opportunity for weaning was provided. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. There is no documented sustained functional improvement. There is no medical necessity for opioids directed to chronic mechanical neck and back pain. The prescription for Oxycodone 30 mg is being prescribed as opioid analgesics for the treatment of chronic right shoulder pain against the recommendations of the ACOEM Guidelines. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic neck pain 27 years after the initial DOS. There is no demonstrated medical necessity for the continuation of oxycodone for chronic neck pain. The chronic use of Oxycodone is not recommended by the CA MTUS; the ACOEM Guidelines or the Official Disability Guidelines for the long-term treatment of chronic pain and are only recommended as a treatment of last resort for intractable pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is not consistent with evidence-based guidelines based on intractable pain. The ACOEM Guidelines updated chapter on chronic pain states "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes that "pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." Therefore, the request is not medically necessary.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications; Celebrex Page(s): 67-68; 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-- medications for chronic pain; NSAIDs.

Decision rationale: The patient was prescribed Celebrex, a COX II inhibitor for the treatment of chronic neck pain. There is documentation that the patient has any stomach issues with Celebrex or any other NSAID. There were no other prescribed COX I NSAIDs prescribed to the patient to evaluate for efficacy. The treatment with the NSAIDs is consistent with evidence-based guidelines and is demonstrated to be medically necessary, as the initial use of the COX I NSAID reportedly led to GI upset and rectal bleeding. There is no medical necessity for the prescription of a COX II inhibitor without the documentation of a patient's reaction to a prescribed more than one COX I inhibitor. The prescription for Celebrex was accompanied by clinical documentation of a GI reaction from the patient from the prescription of available COX I inhibitors. The medical records demonstrate that a NSAID is prescribed; however, there is demonstrated medical necessity for a COX II inhibitor over a COX I inhibitor NSAID or an OTC NSAID. The medical records reflect a rationale for the use of Celebrex as opposed to a standard NSAID/COX I inhibitor for the demonstrated ongoing symptoms. The California MTUS states that Celebrex is a nonsteroidal anti-inflammatory drug that is a Cox II selective inhibitor, a drug that directly targets Cox II, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the anti-platelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain management procedures. It may be considered the patient has a risk of G.I. complications but not for the majority of patients. Generic NSAIDs and Cox II inhibitors have similar efficacy and risks when used for less than three months but a 10 to 1 difference in cost. There is no current clinical documentation that indicates that the patient has an acute inflammatory process for which this medication would be necessary patient appears to have had renal functioning issues in the past that were related to NSAID medications. Therefore, this request is not medically necessary.

Cymbalta 60mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain; antidepressants; Duloxetine.

Decision rationale: The prescription of the antidepressant Cymbalta for the treatment of chronic pain is consistent with the recommendations of the Official Disability Guidelines for the treatment of neuropathic pain. The Official Disability Guidelines recommend the use of Cymbalta as a first line treatment for neuropathic pain. There is no documented neuropathic pain documented for this patient. The patient is diagnosed with cervicalgia. There is no clinical

documentation by the provider to support the prescription for Cymbalta 60 mg q day for the effects of the industrial injury. There was no trial with the recommended tricyclic antidepressants. The patient has not been demonstrated to have functional improvement based on the prescribed significant dose of Cymbalta. There has been no attempt to titrate the patient down or off of the Cymbalta. The prescribing provider did not provide a rationale for the use of the Cymbalta for the treatment of chronic pain and the clinical documentation provided did not note depression or neuropathic pain. There was no documentation of any functional improvement attributed to Cymbalta. There was no objective evidence to support the medical necessity of the prescription for Cymbalta. The patient is given a nonspecific diagnosis and has been prescribed Cymbalta for a prolonged period time without demonstrated functional improvement. There is no documented mental status examination and no rationale to support medical necessity. There is no provided nexus to the stated mechanism of injury over 27 years ago for the current symptoms. Cymbalta is an antidepressant in a group of drugs called selective serotonin and norepinephrine reuptake inhibitors (SSNRIs). Cymbalta is used to treat major depression disorder and general anxiety disorder. Cymbalta is used to treat chronic pain disorder called fibromyalgia, treat pain caused by nerve damage in people with diabetes, and to treat chronic muscular skeletal pain including discomfort from osteoarthritis and chronic lower back pain. The California MTUS guidelines state that Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. This medication is often used off label for neuropathic pain and radiculopathy. Cymbalta is recommended as a first-line option for diabetic neuropathy. The patient does not have a diagnosis of specific neuropathic pain. The patient had no medications for the prior three weeks with no demonstrated significant effect. There is no demonstrated medical necessity for the continued prescription of Cymbalta 60 mg for the treatment of the effects of the cited industrial injury. Therefore, the request is not medically necessary.

Nortriptyline 25mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain; antidepressants;

Decision rationale: The prescription of the antidepressant Nortriptyline 25 mg for the treatment of chronic neck pain is not consistent with the recommendations of the ACOEM Guidelines and the Official Disability Guidelines. The Official Disability Guidelines recommend the use of Nortriptyline 25 mg as a first line treatment for neuropathic pain. The use of the TCA for chronic pain is consistent with guidelines; however, there is no demonstrated functional improvement to support the medical necessity of a continued prescription. There was no provided rationale to support the medical necessity of the prescribed nortriptyline. There is no diagnosis of depression for this patient and there is assessment for pain control. Therefore, the request is not medically necessary.