

<b>Case Number:</b>	CM14-0081287		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/07/2004
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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, has a subspecialty in Interventional Spine 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 62-year-old male with date of injury of 07/07/2004. The listed diagnoses per the treater dated 05/12/2014 are right knee internal derangement; gait disturbance requiring bilateral Canadian crutches with ambulation; chronic low back pain, likely lumbar degenerative disc disease (DDD); right sciatic pain; pain-related insomnia; and situational depression. According to this report, the patient was recently hospitalized due to a bleeding gastric ulcer and is receiving an acid blocker. The patient states that [REDACTED] did not feel that it was necessary to discontinue the Celebrex. The patient is currently receiving Norco, trazodone, Cymbalta, Lyrica, Neurontin, baclofen, Colace and Celebrex. He denies any side effects with his current medication regimen including any dizziness or nausea. The patient experiences some sedation with trazodone. The patient has some narcotic-related constipation, which is managed adequately with Colace. He states that Celebrex has helped with his back pain and has helped to keep his dosage of Norco down. The patient's Norco and Celebrex are necessary to manage his low back pain such that he may function with activities of daily living including any prolonged upright activities such as sitting, standing, or walking. He also states that baclofen helps reduce the spasms in his low back. The patient reports that his medication reduces pain and spasms by approximately 50%. He describes his pain as 7/10 to 8/10 without his medications and 4/10 with his medications. The physical exam shows there is tenderness to palpation at the right upper quadrant of the abdomen. There was tenderness noted throughout the lumbar spine and bilateral lumbar paraspinal regions. There were some spasms noted in the right lumbar paraspinal region. Seated straight leg raise was positive on the right. The patient has tenderness at the inferior and lateral peripatellar regions of the left knee as well as the medial joint line. There was also diffused tenderness about the right knee. The patellar grind test was equivocally positive.

McMurray's testing was positive on the right knee. Deep tendon reflexes in the lower extremities were 2+/4 and symmetrical bilaterally. Motor testing in the lower extremities was limited with right hip flexion due to pain but otherwise, motor testing in the lower extremities was 5/5 in all the major muscle groups. The patient had some reduced sensation to light touch along the anterolateral aspect of the right thigh and along the lateral aspect of the right lower leg. Otherwise, sensation to light touch and proprioception were grossly intact in the lower extremities. The utilization review denied the request on 05/14/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #240 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** This patient presents with chronic low back pain and chronic right knee pain. The treater is requesting Norco 10/325 mg, #240. For chronic opiate use, the MTUS Guidelines require specific documentations regarding pain and function. Page 78 of the MTUS requires pain assessment that requires current pain; least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; and how long pain relief lasts. Furthermore, The 4 A's for ongoing monitoring are required which includes: analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug-seeking behavior. The records show that the patient has been taking Norco since 2005. The treater documents medication efficacy stating, The patient's Norco and Celebrex are necessary to manage his low back pain such that he may function with activities of daily living, including any prolonged upright activities, including sitting, standing, or walking, as well as bending or stooping. The treater also documents that with medication use, the patient is able to reduce his pain and spasms by 50%. The patient describes his pain without medications, 7/10 to 8/10, and with medication, 4/10. However, the treater does not discuss adverse drug-seeking behavior such as a urine drug screen. The records did not show a recent urine drug screen (UDS) to verify medication compliance. Recommendation is not medically necessary.

**Trazodone 50mg #15 with 2 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** This patient presents with chronic low back pain and chronic right knee pain. The treater is requesting Trazodone 50 mg, #15. The MTUS Guidelines page 13 to 15

states that antidepressants are considered the first-line option for neuropathic pain and there is a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality, duration, and psychological assessment. The records show that the patient has been on trazodone since 11/15/2013. The treater documents medication efficacy stating that trazodone is necessary for his pain-related insomnia, and with the trazodone, he is sleeping 8 hours at night whereas without the medication, he would only average about 4 hours per night. In this case, the MTUS Guidelines recommends antidepressants as the first-line treatment for neuropathic and non-neuropathic pain. Furthermore, the treater documents significant benefit with trazodone use. Recommendation is medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs for use for Chronic pain complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Anti-Inflammatory Medications, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 60, 61, 22, 67, 68.

**Decision rationale:** This patient presents with chronic low back pain and chronic right knee pain. The treater is requesting Celebrex 200 mg, #30. The MTUS Guidelines page 22 on anti-inflammatory medication states, Anti-inflammatories are the traditional first-line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. COX-2 inhibitors (e.g. Celebrex) may be considered if the patient has a risk of gastrointestinal (GI) complications, but not for the majority of patients. In addition, MTUS page 60 and 61 on medications for chronic pain require evaluation of the effect of pain in relationship to improvements and function and increased activity. The treater documents medication efficacy stating, He states that the Celebrex has helped with his back pain and has helped to keep his dosage of Norco down. The patient's Norco and Celebrex are necessary to manage his low back pain such that he may function with activities of daily living including any prolonged upright activities, including sitting, standing, or walking, as well as any bending or stooping. In this case, the patient reports significant benefit and relief while utilizing Celebrex in conjunction with his other medications. Recommendation is medically necessary.

**Baclofen 10mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** This patient presents with chronic low back pain and chronic right knee pain. The treater is requesting Baclofen 10 mg, #30, with 2 refills. The MTUS Guidelines page

63 to 66 on muscle relaxants states that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient has been taking baclofen since 01/31/2014. The treater documents medication efficacy stating, "The patient's baclofen helps to reduce the spasms in his low back". In this case, while the treater documents medication efficacy, muscle relaxants are not indicated for a long-term use. Recommendation is not medically necessary.