

<b>Case Number:</b>	CM14-0084808		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	07/08/1996
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 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 injured worker is a 53 year old female who sustained an injury on 07/08/96. No specific mechanism of injury was noted. The injured worker has been followed for ongoing complaints of chronic low back pain radiating to the lower extremities with associated weakness. The injured worker is noted to have had prior facet joint injections with some relief of symptoms. Further medial branch blocks were recommended in April of 2014. The clinical report from 04/29/14 indicated the injured worker had not been approved for medial branch blocks. The injured worker was continuing to utilize a home exercise program as well as pool therapy. The injured worker was reported to taking medications; however, no specifics regarding the medications were noted in this evaluation. There was a report from 05/08/14 that indicated the injured worker was still attempting to get approval for radiofrequency ablation procedures. Physical examination noted limited ambulation with a single point cane. There was good range of motion and strength in the lower extremities. Moderate tenderness to palpation in the lumbar spine was noted. Celebrex 200mg daily and Soma 350mg daily was continued at this visit. Butrans was prescribed at 5mcg per hour, quantity 4 per week. The requested Celebrex 200mg, quantity 30, Soma 350mg, quantity 30, and Butrans 5mcg per hour patch, quantity 4 were all denied by utilization review on 05/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page(s) 67-68 Page(s): 67-68.

**Decision rationale:** The chronic use of prescription non-steroidal anti-inflammatory drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per the MTUS Chronic Pain Guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the injured worker could have reasonably transitioned to a over-the-counter medication for pain. The request is not medically necessary and appropriate.

**Soma 350mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page(s) 63-67 Page(s): 63-67.

**Decision rationale:** The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxants are recommended for short term use only. The efficacy of chronic muscle relaxants use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended ongoing use of this medication.

**Butrans 5mcg #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/butrans-patch.html>.

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

**Decision rationale:** Butrans is not a recommended 1st line medication in the treatment of chronic pain. Per the MTUS Chronic Pain Guidelines, Butrans can be considered as an alternative when other long acting narcotic medications have failed. The clinical documentation submitted for review did not identify any specific rationale for the use of Butrans patches. Prior narcotics use was not specifically discussed. Given the lack of any indication for the start of Butrans as prescribed on 05/08/14, this request is not medically necessary.