

Case Number:	CM14-0191360		
Date Assigned:	11/25/2014	Date of Injury:	11/07/2000
Decision Date:	01/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 and Pain Management, 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 38-year-old male with date of injury of 11/07/2000. The listed diagnoses from 10/31/2014 are: 1. Chronic neck pain secondary to cervical degenerative disk disease. 2. Chronic low back pain secondary to lumbosacral degenerative disk disease status post laminectomy. 3. Failed back syndrome. 4. Chronic pain syndrome. 5. Depression. 6. Chronic neuropathic pain. According to this report, the patient continues to complain of persistent neck and low back pain. He has been taking hydrocodone 7.5/325 one tablet twice a day. Today, he is complaining of a back and neck flare-up. His back is worse due to the cold weather. He is experiencing severe muscle spasms and stiffness with sharp burning pain. He reports difficulty doing things at home due to his recent flare-up. The examination shows decreased lumbar range and cervical range of motion. There is marked tenderness on palpation to his lumbar paraspinals with multiple triggers. Tenderness was also noted in his cervical paraspinals including both upper trapezius muscles. Motor strength in the upper and lower extremities is 5/5 proximal and distal. He reports no drowsiness or dizziness. The documents include progress reports from 11/15/2013 to 10/31/2014. The utilization review denied the request on 11/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrax 200mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 60-61, 22.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting CELEBREX 20 MG (1 P.O. Q.D.). The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted. In addition, MTUS page 60 and 61 states that pain assessment and functional changes must also be noted when medication is used for chronic pain. The records show that the patient was prescribed Celebrex on 03/25/2014. In the same report, the treater notes medication efficacy stating, "With his pain medicine, he is able to function, do home chores, cleaning, cooking, do laundry, etc. Without pain medication, the patient is bedbound due to severe back pain." Given that the treater has provided medication efficacy and MTUS supports the use of anti-inflammatory medications as a first line treatment to reduce pain and inflammation, the request is medically necessary.

Protonix 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68-69.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting PROTONIX 40 MG (1 P.O. Q.D.). The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed Protonix on 03/25/2014. It appears that the treater is prescribing Protonix in conjunction with Celebrex. MTUS does not support the routine use of PPIs without any discussions of gastrointestinal events or GI risk assessment. The request is not medically necessary.

Metaxalone 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin Page(s): 61.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting METAXALONE 800 MG (1 TAB 2 TIMES PER DAY P.R.N.). The MTUS Guidelines page 61 on Skelaxin states, "Recommended with caution as a second line option for short-term pain relief in patients with chronic low back pain. Metaxalone is a muscle relaxant that is reported to be relatively non-sedating." Long-term use of Skelaxin is not recommended per the MTUS Guidelines. The records do not show a history of metaxalone use. Given the patient's recent flare-up, a trial may be appropriate; however, the treater did not provide the quantity and duration of treatment. The request is not medically necessary.

1 Trigger point injections for lumbar paraspinals: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section, trigger point injections Page(s): 122.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting Trigger point injections for lumbar paraspinals. The MTUS Guidelines page 122 under its Chronic Pain Section states that trigger-point injections are recommended only for myofascial pain syndrome with limited lasting value. It is not recommended for radicular pain. MTUS further states that all criteria need to be met including documentation of trigger points defined as "evidence upon palpation of a twitch response as well as referred pain"; symptoms persisting more than 3 months; failure of medical management therapy; radiculopathy is not present; no repeat injections unless greater than 50% relief is obtained for 6 weeks, etc. The records show that the patient received trigger point injections on 03/25/2014, 08/07/2014, 08/18/2014, and 10/31/2014 for a total of 4. The 10/31/2014 report shows decreased lumbar range of motion and marked tenderness on palpation to his lumbar paraspinals with multiple triggers. The treater does not document a "twitch response as well as referred pain" upon palpation on examination. In addition, the patient's previous trigger point injections did not provide at least 50% relief for at least 6 weeks. The request is not medically necessary.