

<b>Case Number:</b>	CM14-0196936		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	01/29/2002
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational Medicine, and is licensed to practice in Iowa. 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 71 year-old male with a date of injury of 1/29/2002. A review of the medical documentation indicates that the patient is undergoing treatment for neck and back pain. Subjective complaints (9/15/2014) include chronic neck and back pain of 5/10 severity. Objective findings (9/15/2014) include tenderness to palpation of bilateral cervical, thoracic, and lumbar paraspinal muscles with modest spasm. Diagnoses include chronic cervical and thoracolumbar strain. The patient has undergone studies to include MRI of the lumbar spine (1/2008) which showed spondylosis and small disc bulges at L1-2 and L3-4; and X-ray of the lumbar, thoracic, and cervical spine (7/2009) which showed degenerative disc disease C4-C7, T4-T10, and L2-S1. The patient has previously undergone medication therapy and home exercise program. A utilization review dated 11/3/2014 modified the request for Norco #60 no refills to Norco #45 no refills and Soma 350 mg #30 refill x5 to Soma 350 mg #20 no refill; and did not certify the request for Celebrex 200 mg #30 refill x5 and Prilosec #30 refill x5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone Page(s): 74-96; 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

**Decision rationale:** Norco is the brand name for hydrocodone/acetaminophen, and is an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. The treating physician has not provided rationale for the extended use of this medication, and does not include sufficient documentation regarding the reported pain over time or specific improvement while on this medication. The documentation indicates that the patient continues to have pain and decreased functional status. Therefore, the request for Norco #60 is not medically necessary at this time.

**Soma 350mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Antispasmodics; Muscle relaxants (for pain); Carisoprodol Page(s):. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants

**Decision rationale:** Soma is a muscle relaxant class medication. According to MTUS guidelines, muscle relaxants are recommended for chronic pain for a short course of therapy for acute exacerbations. Muscle relaxants may be effective in reducing pain and muscle tension, but in most back pain cases they show no benefit beyond NSAIDs. Evidence indicates the greatest effect is seen in the first 4 days of treatment. MTUS also states that pain relief is generally temporary, and continued evaluation should include documentation improvement in function and increased activity. ODG also states that a short course of therapy is recommended, and that this medication should not be used with other agents. Both MTUS and ODG state that Soma is not recommended, due to the main effect of generalized sedation and treatment of anxiety and potential for abuse. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the short-term recommendation for treatment length. The treating physician has not provided rationale for the extended use of this medication, and does not include sufficient documentation regarding the reported pain over time or specific improvement while on this medication. The documentation indicates that the patient continues to have pain and decreased functional status. The only potential indication is the documentation of

muscle spasms, but it is unclear if these are acute in nature or if the medication is helping with these symptoms since they are still occurring despite ongoing therapy. The patient is also on other chronic pain medication, which is not recommended for utilizing muscle relaxants. Therefore the request for Soma 350 mg #30 with 5 refills is not medically necessary.

**Celebrex 200mg #30 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines ACOEM : Pain, Chapter 6 page 54

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs Page(s): 22, 30, 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** Celebrex is the brandname for celecoxib, a NSAID COX-2 selective inhibitor. According to MTUS guidelines, anti-inflammatory medications are the traditional first line treatment for pain, with evidence supporting the use of NSAIDs in chronic pain. MTUS states that COX-2 inhibitors (Celebrex) may be considered if the patient has risk of GI complications, but not for the majority of patients. NSAIDs and COX-2 inhibitors have similar efficacy and risks. According to ODG, risk factors for GI bleeding include: (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 or multiple NSAID (e.g., NSAID + low-dose ASA). The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications, or why the patient could not be on a traditional NSAID medication. The records do not indicate any other approved indication for use other than chronic pain. Therefore, the request for Celebrex 200 mg #30 with 5 refills, is not medically necessary at this time.

**Prilosec 20mg #30 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** Prilosec is classified as a proton pump inhibitor (PPI). According to MTUS guidelines, this type of medication is recommended in patients at intermediate or high risk for gastrointestinal (GI) events and who have no cardiovascular disease. The guidelines provide criteria for risk stratification for gastrointestinal events. Risk factors include (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. Use of the medication

is meant to serve as protection from GI issues. Other indications for use of this medication would be for primary GI disorders such as reflux disease. Long-term PPI use has significant side effects including increased risk of hip fracture. The medical documentation does not provide evidence of a primary GI disorder, bleeding, perforation, peptic ulcer, high dose NSAID, ASA use, or other GI risk factors. The treating physician does not provide any additional justification or indication for use of the medication. Therefore, the request for Prilosec 20 mg #30 with 5 refills is not medically necessary at this time.