

Case Number:	CM14-0199976		
Date Assigned:	12/10/2014	Date of Injury:	07/31/1981
Decision Date:	01/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 New York. 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 patient, a 73 year old woman, claims injury 7/31/1981, and has degenerative disc disease of the lumbar spine and "LBS." She had a laminectomy at L3-L4 in 1985. Her treating physician is appealing the 11/20/14 denial of Celebrex 200 mg #30; omeprazole 20 mg #30; hydrocodone/acetaminophen 10 mg/325 mg #60 with one refill; and baclofen 10 mg #30. In the appeal letter, the physician notes that the patient is unable to complete ADLs without medication. She has chronic low back pain with spasms and radiation to the left leg causing it to give out. MRI dated 7/22/13 showed multilevel degenerative changes with spinal canal stenosis and foraminal narrowing, stable since 12/13/2010. She had severe dextroscoliosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ Acetaminophen 10-325 MG (#60) with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-criteria for use Page(s): 78-80.

Decision rationale: Per the CA MTUS, ongoing use of narcotics requires assessing the "4 A's," including the amount of pain relief, functional improvements, side effects and any aberrant

behaviors. The records reviewed don't quantify pain and improvements (or lack thereof) in psychosocial and physical functioning. No side effects are mentioned or denied. She has had at least one drug screen in the past year, 10/2013, mentioned in several notes, but no other mention is made of appropriateness of medication use. Continuation of opioids relies on return to work and improvement in functioning and pain. Again, there is no documentation of improved function or decreased pain with narcotic use. This request is not medically necessary.

Celebrex 200 MG (#30): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: Per the chronic pain treatment guidelines of the CA MTUS, NSAIDs are indicated for short-term relief of chronic low back pain. They are no more effective than acetaminophen, narcotics, and muscle relaxants. No one NSAID works better than another, including Cox-2 inhibitors, such as Celebrex. This patient has been prescribed ongoing Celebrex, and it is not indicated for chronic use. It is also not indicated because of high risk of GI events. This patient has no evidence submitted showing she is at high risk in need of a combination Cox-2 inhibitor and PPI. This request is not medically necessary.

Omeprazole 20 MG (#30): Overturned

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

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

Decision rationale: Patients are considered at increased risk of GI events with the following: (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). A PPI is indicated for someone at intermediate or high risk of GI events. A Cox-2, such as Celebrex, should be used with a PPI (omeprazole) only with high risk of GI events (not intermediate). The first criteria was met (age >65 years) but there is no evidence that any other criteria were met. Nevertheless, her age puts her at some increased (intermediate) risk, making omeprazole appropriate with an NSAID. A Cox-2, however, is indicated with high risk conditions, which have not been shown. The omeprazole is medically necessary with an NSAID, which she is currently prescribed.

Baclofen 10 MG (#30): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64.

Decision rationale: Per the CA MTUS, baclofen's mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. This patient does not have multiple sclerosis or a spinal cord injury. This request is not medically necessary.