

<b>Case Number:</b>	CM14-0200466		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	03/31/1998
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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:

This is a 52-year-old male with a 3/31/98 date of injury. According to a progress report dated 11/18/14, the patient was seen for his chronic low back pain with bilateral leg radiculopathy (right>left) and reported no significant changes since his last visit on 9/23/14. He has completed his physical therapy sessions and although he continued to have antalgic gait, it was much improved. He rated his average pain level as a 9/10. His opioid medication regimen consisted of Fentanyl patch 50 mcg Q2D prn baseline pain, Ultram ER 100mg po Q12H, and Dilaudid 4mg TID prn. Objective findings: ongoing baseline pain in low back mostly without new leg pain, +SLR noted on left, weak on left with difficulty ambulating, some paresthesias of bilateral upper extremities, limited active range of motion in lumbar spine with ongoing leg pain. Diagnostic impression: chronic low back pain with bilateral leg pain/radiculopathy, lumbar degenerative disc disease, lumbar spondylosis, myofascial pain/spasm, chronic neck and arm pain, cervical disc disease, osteoarthritis, depression, poor sleep hygiene. Treatment to date: medication management, activity modification, and physical therapy. A UR decision dated 11/26/14 denied the requests for Fentanyl patch and Celebrex. Regarding Fentanyl, documentation does not identify measurable analgesic benefit (VAS scores) with the use of opioids and there is no documentation of functional/vocational benefit with ongoing use. Although the patient reports doing well in medications working well, he continues to report an average pain level of 9/10. There is no documentation of a recent UDS performed to monitor compliance and screen for aberrant behavior (most recent UDS was 6/2013). Regarding Celebrex, documentation does not identify significant pain relief or functional benefit as a result of NSAID use. The patient continues to report a pain level of 9/10 on average.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 50 gm # 15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic - Fentanyl Transdermal System Page(s): 45.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. However, in the medical records provided for review, there is no documentation that this patient cannot tolerate a first-line opioid medication or that he cannot tolerate oral medications. There is no documentation of significant pain reduction or improved activities of daily living from Fentanyl use. He continued to report his pain level as a 9/10, despite medication use. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, a recent urine drug screen, or CURES monitoring. Furthermore, according to the patient's opioid medication regimen, the patient's daily MED is calculated to be 208. Guidelines do not support daily MED above 120 due to the risk of adverse effects, such as sedation and respiratory depression. Therefore, the request for Fentanyl patch 50 gm #15 is not medically necessary.

**Celebrex 200 mg # 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Celebrex and on Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex) (JAMA September 13, 2000, Vol 284, No. 10)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines states that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of gastrointestinal (GI) complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDs in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. However, in the present case, there is no documentation that this patient is unable to tolerate a first-line NSAID medication. There is no documentation that this patient has any gastrointestinal complaints or is at an increased risk of gastrointestinal complications. In

addition, there is no documentation in the records provided for review of functional improvement from Celebrex use. Therefore, the request for Celebrex 200mg #60 is not medically necessary.