MAXIMUS Federal Services

Case Number:	CM14-0203120		
Date Assigned:	12/15/2014	Date of Injury:	07/31/1981
Decision Date:	09/22/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73 year old female, who sustained an industrial injury on 7-31-81 Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spine degenerative disc disease. Treatment to date has included status post laminectomy at L3-4 (1985); physical therapy; medications. Diagnostic studies included a MRI of the lumbar spine (7- 22-13); MRI of the cervical spine (7-30-07). Currently, the PR-2 notes dated 6-10-15 indicated the injured worker complains of chronic back pain that continues with radiation to the lower left extremity and is worse with standing, walking and sitting in one position for over 30 minutes at a time. The injured worker has problems standing from a sitting position and has had increasing pain over the last few months. The injured worker reports the pain awakens her at night. Objective findings are noted as lumbar - increased spasms with no erythema, decreased lordosis and stiff rotation. There are no neuro changes notes. The provider is requesting authorization of Norco 10/325mg #60; Baclofen 10mg #60; Neurontin 300mg #90; Celebrex 200mg #30 and
Omeprazole 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents on 07/07/15 with unrated lower back pain which radiates into the bilateral lower extremities. The patient's date of injury is 07/31/81. Patient is status post lumbar laminectomy at L3-L4 levels in 1985. The request is for NORCO 10/325MG #60. The RFA is dated 07/07/15. Physical examination dated 07/07/15 reveals increased spasms in the lumbar paraspinous areas, left greater than right, positive straight leg raise test bilaterally, left greater than right, and decreased sensation along the anterior and lateral aspects of the left thigh. The patient is currently prescribed Celebrex, Omeprazole, Neurontin, and Norco. Patient is currently advised to remain off work for an unspecified period, the associated progress not is poorly scanned and some portions are illegible. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Norco for this patient's chronic pain, the treater has failed to provide adequate documentation of medication efficacy. In an addendum to the PR-2 dated 07/07/15, the provider states the following regarding the efficacy of this patient's medications: "Analgesia: Works fairly well on good days. Activities of daily living: Fair to poor depending on activity level. Adverse side effects: None. Aberrant behaviors: None." Such vague statements do not satisfy MTUS guidelines, which require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the requesting physician has indicated that this patient is consistent with her medications and lacks aberrant behaviors. However, without documentation of analgesia via a validated scale, and more detailed activity-specific functional improvements, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request is not medically necessary.

Baclofen 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The patient presents on 07/07/15 with unrated lower back pain which radiates into the bilateral lower extremities. The patient's date of injury is 07/31/81. Patient is status post lumbar laminectomy at L3-L4 levels in 1985. The request is for BACLOFEN 10MG #60. The RFA is dated 07/07/15. Physical examination dated 07/07/15 reveals increased spasms

in the lumbar paraspinous areas, left greater than right, positive straight leg raise test bilaterally, left greater than right, and decreased sensation along the anterior and lateral aspects of the left thigh. The patient is currently prescribed Celebrex, Omeprazole, Neurontin, and Norco. Patient is currently advised to remain off work for an unspecified period, the associated progress not is poorly scanned and some portions are illegible. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." In regard to the continuation of Baclofen for this patient's lower back muscle spasms, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been receiving Baclofen since at least 11/21/14 with some evidence pain relief and functional improvements noted. However, MTUS guidelines do not support the use of muscle relaxants such as Baclofen long term. The requested 60 tablets in addition to prior use does not imply the intent to limit this medication to short term. Therefore, the request is not medically necessary.

Neurontin 300mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

Decision rationale: The patient presents on 07/07/15 with unrated lower back pain which radiates into the bilateral lower extremities. The patient's date of injury is 07/31/81. Patient is status post lumbar laminectomy at L3-L4 levels in 1985. The request is for NEURONTIN 300MG #90. The RFA is dated 07/07/15. Physical examination dated 07/07/15 reveals increased spasms in the lumbar paraspinous areas, left greater than right, positive straight leg raise test bilaterally, left greater than right, and decreased sensation along the anterior and lateral aspects of the left thigh. The patient is currently prescribed Celebrex, Omeprazole, Neurontin, and Norco. Patient is currently advised to remain off work for an unspecified period, the associated progress not is poorly scanned and some portions are illegible. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin -Neurontin, Gabarone, generic available has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." In regard to the continuation of Neurontin, the request is appropriate. This patient has been prescribed Gabapentin since at least 11/21/14. In an addendum to the PR-2 dated 07/07/15, the provider states the following regarding the efficacy of this patient's medications: "Analgesia: Works fairly well on good days. Activities of daily living: Fair to poor

depending on activity level. Adverse side effects: None. Aberrant behaviors: None." While the provider does not specifically mention Neurontin, given this patient's significant surgical history, the statements regarding analgesia, and the conservative nature of this medication, continuation is substantiated. The request is medically necessary.

Celebrex 200mg #30: Upheld

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): 22.

Decision rationale: The patient presents on 07/07/15 with unrated lower back pain which radiates into the bilateral lower extremities. The patient's date of injury is 07/31/81. Patient is status post lumbar laminectomy at L3-L4 levels in 1985. The request is for CELEBREX 200MG
#30. The RFA is dated 07/07/15. Physical examination dated 07/07/15 reveals increased spasms in the lumbar paraspinous areas, left greater than right, positive straight leg raise test bilaterally, left greater than right, and decreased sensation along the anterior and lateral aspects of the left thigh. The patient is currently prescribed Celebrex, Omeprazole, Neurontin, and Norco. Patient is currently advised to remain off work for an unspecified period, the associated progress not is poorly scanned and some portions are illegible. MTUS Chronic Pain Medical Treatment Guidelines, page 22, has the following under Anti-inflammatory medications: "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk." In regard to the request for Celebrex, this patient does not meet guideline criteria. This patient has been taking Celebrex since at least 11/21/14, with some pain relief and functional benefits noted in subsequent reports. While this patient is 73 years old, there is no discussion of a history of GI complications, or upset attributed to first-line NSAID medications. MTUS guidelines state that Celebrex is indicated in patients with a history of GI complications and not recommended for the majority of patients owing to high cost. Without a documented history of GI upset secondary to NSAID use or other GI complications, the medical necessity of this medication cannot be substantiated. The request is not medically necessary.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents on 07/07/15 with unrated lower back pain which radiates into the bilateral lower extremities. The patient's date of injury is 07/31/81. Patient is status post lumbar laminectomy at L3-L4 levels in 1985. The request is for OMEPRAZOLE 20MG #30. The RFA is dated 07/07/15. Physical examination dated 07/07/15 reveals increased spasms in the lumbar paraspinous areas, left greater than right, positive straight leg raise test bilaterally, left greater than right, and decreased sensation along the anterior and lateral aspects of the left thigh. The patient is currently prescribed Celebrex, Omeprazole, Neurontin, and Norco. Patient is currently advised to remain off work for an unspecified period, the associated progress not is poorly scanned and some portions are illegible. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI, PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Omeprazole, the provider has not included GI assessment or complaints of GI upset to substantiate such a medication. This patient has been prescribed Omeprazole since at least 11/21/14. While this patient is currently prescribed an NSAID medication - Celebrex - there is no GI assessment provided and no discussion of gastric complaints, or evidence of GI symptom relief owing to PPI utilization in the most recent progress note. Therefore, the request is not medically necessary.