

Case Number:	CM14-0205397		
Date Assigned:	12/17/2014	Date of Injury:	10/26/1999
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/08/2014

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 Preventive Medicine, has a subspecialty 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:

This patient is a 60 year old employee with date of injury of 12/08/99. Medical records indicate the patient is undergoing treatment for pain in joint; rheumatoid arthritis; chronic pain syndrome; cervical spondylosis; lumbosacral spondylosis; postlaminectomy; brachial neuritis; uns thoracic/lumbar; repeat right iliac bone grafts C4 to C6; sprain/strain of lumbar spine; s/p removal of previous plating and re-cervical plating with interlocking screws C5-C6. Subjective complaints include increased pain with her rheumatoid arthritis, her pain is rated at a 7-8/10. She describes her pain as throbbing, aching and dull. Her pain is constant and increased by bending and lifting. Her pain will decrease with medication. Objective findings include abnormal neck finding: TTP cervical paraspinal muscle and decreased neck range of motion (ROM). Increased TTP lumbar paraspinal area and decreased ROM in all planes. Treatment has consisted of Percocet; Pristiq extended release; Omeprazole delayed release; Celebrex; Ambien and Norco. The utilization review determination was rendered on 11/14/14 recommending non-certification of Celebrex cap 200mg bid #60; Ambien tab 10mg HS #10; Flector patch #60; Prilosec cap 20mg #30 and Prilosec cap 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex cap 200mg bid #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

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: Anti-inflammatory medications are the traditional first line treatment for pain, but COX-2 inhibitors (Celebrex) should be considered if the patient has risk of GI complications, according to MTUS. The medical documentation provided notes that the patient is diagnosed with rheumatoid arthritis and has irritable bowel syndrome. Risk factors for GI bleeding according to ODG 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 patient has been on chronic NSAID therapy due to rheumatoid arthritis and she has had gastrointestinal upset from first line NSAID agents. The medical records indicate that she is undergoing treatment for Rheumatoid Arthritis, which is an FDA approved use. As such, the request for Celebrex cap 200mg bid #60 is medically necessary.

Ambien tab 10mg HS #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem, insomnia treatment.

Decision rationale: The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien tab 10mg HS #10 is not medically necessary at this time.

Flector patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

Decision rationale: MTUS specifies four recommendations regarding NSAID use:1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain.2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP.3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics.4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. The treating physician does not document failure of primary (Tylenol) treatment. Importantly, ODG also states that diclofenac is "Not recommended as first line due to increased risk profile . . . If using diclofenac then consider discontinuing as it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events." In addition the treating physician details gastrointestinal upset from NSAID medication therapy. As such, the request for Flector patch #60 is not medically necessary.

Prilosec cap 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

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: MTUS 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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease :(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." ODG states "If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and

safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011) ". The patient has been on chronic NSAID therapy due to rheumatoid arthritis and she has had gastrointestinal upset from first line NSAID agents. The medical records indicate that she is undergoing treatment for Rheumatoid Arthritis, which would require oral corticosteroids or biologics with flare ups. As such, the request for Prilosec cap 20mg #30 is medically necessary.

Zohydro ER CAP 10mg q12 #40: Upheld

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

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

Decision rationale: Zohydro is a brand name version of Hydrocodone. ODG does not recommend the use of opioids for back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question for Zohydro ER CAP 10mg q12 #40 is not medically necessary.