

<b>Case Number:</b>	CM14-0207940		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/02/2004
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Physical Medicine Rehabilitation, has a subspecialty in Interventional spine 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:

The patient is a 63 year old male with an injury date of 04/02/04. Based on 11/17/14 progress report, the patient complains of pain in the lumbar spine on the right side rated at 8/10. The pain is aggravated by cooler temperatures and is, therefore, worse at night. The patient ambulates with a cane and has 90% flexion. The patient also has acid reflux and an abnormal renal and hepatic panel, as per the same progress report. The patient has received some benefit from the H-wave unit, as per progress report dated 03/24/14. Medications, as per the same progress report, include Norco and Celebrex. The patient is not working, as per progress report dated 11/17/14. CT Scan of the Cervical Spine, 06/30/14: Degenerative changes of the atlanto-axial articulation. MRI of the Right Shoulder, 10/11/12:- Moderate insertional tendinosis with moderate bursal surface fraying of the supraspinatus- Mild insertional tendinosis with potential small punctate low-grade interstitial tear of the infraspinatus. Diagnoses, 11/17/14:- Lumbar spine pain- Degenerative disc disease, lumbar spine. The treater is requesting for (a) NORCO 7.5/325 mg # 180 (b) CELEBREX 200 mg # 30 WITH 1 REFILL (c) ELAVIL 25 mg # 30 WITH 1 REFILL. The utilization review determination being challenged is dated 11/26/14. Treatment reports were provided from 10/11/12 - 11/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 76-78, 88-89.

**Decision rationale:** This patient presents with pain in the lumbar spine on the right side, rated at 8/10, which is aggravated by cooler temperatures, as per progress report dated 11/17/14. The request is for NORCO 7.5/325 mg # 180. MTUS Guidelines pages 88 and 89 states, "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 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 this case, a prescription for Norco was first noted in progress report dated 02/12/13. The patient has received the medication consistently since then until progress report dated 09/22/14, which states that the patient "has been out of medications for approximately 2 weeks." The treater, however, continues to request for the opioid. In progress report dated 07/28/14, the treater states that the patient is using the medications appropriately. However, the progress reports do not document any change in pain scale or improvement in function. There are no CURES and UDS reports available for review. The treater does not discuss the side effects associated with Norco use as well. The four A's are not specifically addressed including discussions regarding aberrant drug behavior, specific ADL's, adverse reactions, and aberrant behavior, as required by MTUS. This request IS Not medically necessary.

**Celebrex 200mg #30 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's; medication for chronic pain Page(s): 22;60.

**Decision rationale:** This patient presents with pain in the lumbar spine on the right side, rated at 8/10, which is aggravated by cooler temperatures, as per progress report dated 11/17/14. The request is for CELEBREX 200 mg # 30 WITH 1 REFILL. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the prescription for Celebrex was first noted in progress report dated 06/02/14. The treater states that the patient "would like to restart Celebrex." The treater does not discuss the reason for this change. There is no documentation of reduction in pain or improvement in function associated with prior Celebrex use. However, given the patient's severe pain, for which NSAIDs are commonly indicated, the patient can continue to take Celebrex at the treater's discretion. This request IS medically necessary.

**Elavil 25mg #30 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-15.

**Decision rationale:** This patient presents with pain in the lumbar spine on the right side, rated at 8/10, which is aggravated by cooler temperatures, as per progress report dated 11/17/14. The request is for ELAVIL 25 mg # 30 WITH 1 REFILL. Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In progress report dated 11/17/14, the treater states that the patient has "normal mood and affect." Elavil is prescribed for the first time in the same progress report to help the patient "sleep through the night by decreasing his pain." Since, MTUS guidelines consider antidepressants such as Elavil as a first line option for neuropathic and possibly non-neuropathic pain treatment as well, this request appears reasonable. The request for 1 prescription of Elavil with refill IS medically necessary.