

Case Number:	CM14-0059836		
Date Assigned:	07/09/2014	Date of Injury:	05/11/2003
Decision Date:	12/02/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	04/30/2014

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 57 year old female, who sustained an industrial injury on 05-11-2003. The injured worker was being treated for multilevel lumbago with left-sided radiculopathy, facet and sacral iliac joint arthropathy, peritrochanteric bursitis, right knee arthropathy, sleep disturbance, and reactive depression and anxiety. Medical records (12-16-2013, 02-13-2014, and 03-24-2014) indicate ongoing low back pain. The medical records (12-16-2013, 02-13-2014, and 03-24-2014) show the subjective pain rating of 5-6 out of 10. Per the treating physician (02-13-2014 report), previously underwent inpatient detoxification from opioids, and other medications. Per the treating physician (03-15-2014 report), all patients in the office have a signed opioid agreement, are tested every 2-3 months with urine drug screens, and there was no attempts at weaning or tapering as the injured worker had not started the Conzip. Per the treating physician (03-24-2014 report), the treating physician noted that the use of non-steroidal steroid medications, other than Celebrex, in the past was not well tolerated by the injured worker as they caused stomach pains and heartburn. The treating physician noted that Celebrex allows the injured worker to continue daily walking and better pain control allows improved function. Per the treating physician (03-24-2014 report), the injured worker's current functional status has not improved over the past month. The physical exam (12-16-2013, 02-13-2014, and 03-24-2014) reveals continued bilateral sciatic notch tenderness, significant tenderness over the facets with a positive facet provocation bilaterally, and tenderness over the sacral iliac joints. There are myofascial findings, muscle spasms, and multiple tender and trigger point areas in the upper trapezius muscle groups and the muscles of neck and upper back. There are continued lumbar paraspinou muscle spasms. There is decreased lumbar range of motion with pain. There is

significant knee tenderness (particularly in the joint line), edema, and crepitus. Diagnostic studies were not included in the provided medical records. Treatment has included facet injections and medications including Amitriptyline, Celebrex (since at least 02-2014), alprazolam, and flurazepam. Per the treating physician (03-24-2014 report), the injured worker has not returned to work. The requested treatments included Conzip ER 100 mg and Celebrex 200 mg. On 04-29-2014, the original utilization review non-certified a request for Conzip ER 100 mg and modified a request for Celebrex 200 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conzip ER 100 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The 57 year old patient complains of low back pain, rated at 5/10, along with sleep issues, as per progress report dated 03/24/14. The request is for CONZIP ER 100 mg. The RFA for this case is dated 03/27/14, and the patient's date of injury is 05/11/03. Diagnoses, as per progress report dated 03/24/14, included multilevel lumbago with left-sided radiculopathy, facet and sacroiliac joint arthropathy, peritrochanteric bursitis, right knee arthropathy, sleep disturbance, and reactive depression and anxiety. Medications included Amitriptyline, Alprazolam, Flurazepam, and Celebrex. The patient is not working, as per the same progress report. MTUS, criteria for use of opioids Section, 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, criteria for use of opioids Section, page 78 also requires documentation of the 4A's (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. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, a prescription for the trial of Conzip was noted in progress report dated 12/16/13. As per a subsequent report dated 02/13/14, the patient did not start the opioid as it was denied without a Utilization Review report. In an appeal letter stated 03/15/14, the treater states the patient has signed an opioid agreement and undergoes urine drug screen once every two to three months. The treater also states that there is no documentation of ongoing efficacy, or no attempts to wean as the patient, "has not started the medication." The reports do not document prior use of opioids. In fact, in progress report dated 12/16/13, the treater states, "the patient does not take any

significant medication for pain." Given the chronic pain and reduced function, a trial of Conzip appears reasonable. However, the request does not include quantity and duration of treatment, and MTUS does not support such open-ended requests. Hence, it IS NOT medically necessary.

Celebrex 200 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The 57 year old patient complains of low back pain, rated at 5/10, along with sleep issues, as per progress report dated 03/24/14. The request is for CELEBREX 200 mg. The RFA for this case is dated 03/27/14, and the patient's date of injury is 05/11/03. Diagnoses, as per progress report dated 03/24/14, included multilevel lumbago with left-sided radiculopathy, facet and sacroiliac joint arthropathy, peritrochanteric bursitis, right knee arthropathy, sleep disturbance, and reactive depression and anxiety. Medications included Amitriptyline, Alprazolam, Flurazepam, and Celebrex. The patient is not working, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective, nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP, and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. MTUS Chronic Pain Medical Treatment Guidelines, page 22 supports NSAID's for chronic LBP but for Celebrex. It states, "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 NSAID's and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." MTUS Chronic Pain Medical Treatment Guidelines, pg. 70-73 Selective COX-2 NSAIDS, for Celecoxib (Celebrex), states this is the only available COX-2 in the United States and that the Recommended Dose is 200 mg a day (single dose or 100 mg twice a day). In this case, Celebrex was first prescribed during the 02/13/14 visit. In a Utilization Review denial appeal letter, dated 03/15/14, the treater states the Celebrex was denied as "there was no documentation of failed use of first-line NSAID treatment, such as Ibuprofen and Naproxen." However, the patient has used other NSAIDs in the past with significant GI side effects. In progress report dated 03/24/14, the treater states Celebrex is providing "good effect" without any side effects. The medication has "allowed the patient to continue to walk on a daily basis," although she does note that better control of her pain would lead to improved function. In the same report, the treater reiterates that Celebrex is leading to "some reduction in pain." However, the recommended dose, as per MTUS, is only 200 mg per day. The current request is for #60, which is equivalent to two tabs or 400 mg per day. The requested dosage is twice the recommended amount supported by the Guidelines. Hence, the request IS NOT medically necessary.

