

<b>Case Number:</b>	CM15-0107477		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	09/30/2005
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 52 year old male, who sustained an industrial injury on 9/30/05. The injured worker has complaints of neck pain that radiates down bilateral upper extremities and low back pain that radiates down the bilateral lower extremities. The documentation noted that there is tenderness noted upon palpation at the bilateral parvertebral C5-7 area and range of motion of the cervical spine was slightly too moderately limited. The diagnoses have included bilateral elbow pain; left shoulder pain; bilateral wrist pain; chronic constipation and depression. Treatment to date has included lidoderm patch; butrans patch; prilosec and docusate; transcutaneous electrical nerve stimulation unit; combo-care cold/heat therapy unit; electromyography/nerve conduction study of upper and lower extremities on 5/3/12 were normal. The request was for lumbar orthosis; butrans 10mcg #4 and celecoxib 200mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar orthosis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar and Thoracic), Lumbar Support.

**Decision rationale:** ACOEM states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief". ODG states, "Not recommended for prevention, recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (Van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (Van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (Van Duijvenbode, 2008)". ODG states for use as a treatment "Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)". The patient is beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or documented instability. As such the request for lumbar orthosis is not medically necessary.

**Butrans 10mcg #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Butrans, When to Discontinue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Butrans.

**Decision rationale:** MTUS states that Suboxone, which is a brand name of the drug known as buprenorphine, is "recommended for treatment of opiate addiction, also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction". ODG states "Buprenorphine transdermal system (Butrans; no generics): FDA-approved for moderate to severe chronic pain. Available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. See also Buprenorphine for treatment of opioid dependence". The ODG states that Suboxone is "recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience". The employee is using this medication for chronic pain. However, there is no medical documentation of any of the five conditions listed above which are the specific indications for

using Butrans instead of one of the first line agents. Therefore, the request for Butrans 10mcg #4 is not medically necessary.

**Celecoxib 200mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 does not indicate a reason for the patient to be considered high risk for GI complications. 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 treating physician's note indicates GERD symptoms for which the patient has been placed on omeprazole. Additionally, the medical records do not indicate that he is undergoing treatment for any of the FDA approved uses such as osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis in patients 2 years and older, ankylosing spondylitis, acute pain, and primary dysmenorrhea. As such, the request for Celecoxib 200mg #30 is not medically necessary.