

<b>Case Number:</b>	CM15-0130369		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	06/14/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 injured worker is a 49-year-old male who reported an industrial injury on 6/14/2014. His diagnoses, and or impression, were noted to include: lumbago; degeneration of the lumbosacral discs; and lumbosacral spondylosis without myelopathy. The most recent magnetic imaging studies of the lumbar spine were noted on 10/1/2014. His treatments were noted to include acupuncture treatments; physical therapy; inter-laminar lumbar epidural steroid injections with epidurogram on 5/15/2015; medication management; and a return to modified work duties. The progress notes of 5/12/2015 reported constant neck pain and low back pain that radiated into the legs, aggravated/increased by activities, and created reduced movement. Objective findings were noted to include obesity; headaches; tenderness over the midline/thoracic-lumbar spine with decreased sensation over the left posterolateral gluts and thigh; and tenderness over the right ankle. The physician's requests for treatments were noted to include trials of Lorzone, Butrans Patches and Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the documentation available for review, there is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events with no cardiovascular disease. In the absence of such documentation, the currently requested Celebrex is not medically necessary.

**Trial: Butrans patch 10ugm #4:** 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 Page(s): 26-27, 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Butrans trial, Chronic Pain Medical Treatment Guidelines state that buprenorphine is indicated for the treatment of addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also has "Steps to Take Before a Therapeutic Trial of Opioids." Within the documentation available for review, here is no indication that the Tramadol is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. It is unclear if the physician has not been doing this for the patient's current opioids that the physician would start to do this for the Butrans. Also, the "Steps to Take Before a Therapeutic Trial of Opioids" have not been done. As such, the currently requested Butrans trial is not medically necessary.

**Trial: Lorzone 375mg #60:** 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 9792.20-9792.26 Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Lorzone trial, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Lorzone trial is not medically necessary.