

<b>Case Number:</b>	CM15-0131011		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	10/06/2000
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 42-year-old female, with a reported date of injury of 10/06/2000. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated in the medical records. The diagnoses include chronic back pain status post laminectomy, muscle spasms, radicular symptoms of the right lower leg off and on, chronic constipation due to the medications, and insomnia. Treatments and evaluation to date have included oral medications and home exercises. The diagnostic studies to date have not been indicated in the medical records. The medical report dated 04/28/2015 indicates that the injured worker presented to the office for a two month follow-up of chronic back pain, chronic muscle spasms, bilateral sacral iliac joint dysfunction, and insomnia. She stated that she is about the same except she has good days and bad days depending on the level of activity as well as the weather. The physical examination showed minimal tenderness in the lumbosacral area associated with no paravertebral muscle spasms, bilateral sacroiliac joint tenderness, normal lower extremity motor power, normal deep tendon reflexes, and no focal deficit. It was noted that the injured worker was stable and stationary. She is functional at home. Without medication she cannot sleep due to pain. Without medication, her pain level was rated 6-7 out of 10, and with medications, her pain level goes down to 5 out of 10. There was documentation that the injured worker was not abusing the medications. The treatment plan included the continuation of the current medications and to follow-up in two months. The treating physician requested Celebrex, Nexium, Percocet, and Lidoderm 5%.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Percocet 5/325 #30:** Overturned

**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 rationale:** Percocet is a combination of oxycodone and acetaminophen. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the CA MTUS Chronic Pain Guidelines, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. The injured worker has been diagnosed with chronic back pain and has been taking Percocet since at least 01/06/2015. It is reported that she is able to be functional and has reduced pain with her current regimen of medications, the continued use of Percocet appears appropriate and is medically necessary.

### **Celebrex 100mg #30:** Overturned

**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, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22 and 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Celecoxib (Celebrex).

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that anti-inflammatory medications are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be justified. Celebrex is a non-steroidal anti-inflammatory drug (NSAID). Some of its side effects include high blood pressure, headache, dizziness, insomnia, diarrhea, dyspepsia, abdominal pain, nausea and vomiting, gastroesophageal reflux, and flatulence. The guidelines also indicate that NSAIDs may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. The injured worker has been taking Celebrex 200mg once a day since at least 01/06/2015. For chronic low back pain, NSAIDs are recommended as an option for short-term symptom relief. The injured worker has been diagnosed with chronic low back pain after spine surgery with radicular symptoms of the right lower leg. The non-MTUS Official Disability Guidelines (ODG) indicates that "Celecoxib (Celebrex), on the whole, had a slightly increased risk of cardiovascular events at low and high doses, although there were few studies testing doses >200 mg/day. Celecoxib, especially at doses >400 mg/day, should be avoided in patients at high risk of cardiovascular

disease." The treating physician requested 100mg of Celebrex, and there is no evidence that the injured worker is at high risk of cardiovascular disease. It is reported that she has improved pain and function with her current regimen. Therefore, the request for Celebrex is medically necessary.

**Nexium 40mg #30: Overturned**

**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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** This injured worker has been prescribed Celebrex, a non-steroidal anti-inflammatory medication (NSAID), and Nexium, a proton pump inhibitor (PPI). Per the CA MTUS Chronic Pain Guidelines, co-therapy with an NSAID and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker has been taking Nexium since at least 01/06/2015. The injured worker is reported to have GI symptoms with the use of Celebrex which is relieved with the use of Nexium, therefore the continued use of Nexium is medically necessary.

**Lidoderm patches #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 Lidoderm (lidocaine patch) and Topical Analgesics Page(s): 56-57 and 111-113.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." There was no evidence of a trial of an antidepressant or anticonvulsant as first-line therapy. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. The guidelines recommend Lidoderm only for localized peripheral neuropathic pain after trials of tricyclic or SNRI (serotonin- norepinephrine reuptake inhibitor) anti-depressants or an anti-epileptic drug such as Gabapentin or Lyrica. There is no evidence that the injured worker had taken either of these medications. The request does not meet guideline recommendations. Therefore, the request for Lidoderm is not medically necessary.