

Case Number:	CM15-0131068		
Date Assigned:	08/17/2015	Date of Injury:	03/29/2005
Decision Date:	09/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	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: Iowa

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 62-year-old male who sustained an industrial injury on March 29, 2005 resulting in low back pain including numbness and tingling. He was diagnosed with severe lumbar disc disease, spondylosis L3-4 and L4-5, and severe disc collapse L5-S1 with resultant radiculopathy of the left lower extremity. Documented treatment has included unspecified surgery, lumbar cord stimulator with unknown response to treatment, and medication, which he has reported enables him to tolerate his pain and improve functionality. The injured worker reports a recent flare up of pain and radiating symptoms. The treating physician's plan of care includes Celebrex 200 mg, Norco 10-325 mg, Ultram 50 mg, Zanaflex 4 mg, and Lyrica 200 mg. Current work status information is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg quantity 60 with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Celebrex Page(s): 67-72; 22, 30, 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Celebrex is the brand name for celecoxib, a NSAID COX-2 selective inhibitor. According to MTUS guidelines, anti-inflammatory medications are the traditional first line treatment for pain, with evidence supporting the use of NSAIDs in chronic pain. MTUS states that COX-2 inhibitors (Celebrex) may be considered if the patient has risk of GI complications, but not for the majority of patients. NSAIDs and COX-2 inhibitors have similar efficacy and risks. According to ODG, risk factors for GI bleeding 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 medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications, or why the patient could not be on a traditional NSAID medication or has failed such medication. The records do not indicate any other approved indication for use other than chronic pain. The number of refills also appears excessive for a complicated chronic pain regimen, and does not ensure constant monitoring. Therefore, the request for Celebrex 200 mg #60 with 5 refills is not medically necessary at this time.

Norco 10/325mg quantity 45 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 74-96, 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Opioids.

Decision rationale: Norco is the brand name for Hydrocodone/acetaminophen, and is an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. There is no evidence of failure of first-line therapy or an indicated diagnosis. The treating physician states that the patient reports decreased pain and improved functional status on the medication regimen, but there is no subjective or objective detailing of reported pain over time or specific and objective functional improvement while on this medication. The patient is also on multiple pain medications so it is difficult to determine the effect of each, and the medical documentation does not clarify this. Therefore, the request for Norco 10/325 #45 with one refill is not medically necessary at this time.

Ultram 50mg quantity 120 with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Opioids.

Decision rationale: Ultram is the brand name of Tramadol, and is classified as a central acting synthetic opioid, exhibiting opioid activity. According to MTUS guidelines, Tramadol is not recommended as a first-line oral analgesic. ODG states that Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen. With respect to opioids in general, they are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the recommendation for treatment length. There is no evidence of failure of first-line therapy or an indicated diagnosis. The treating physician states that the patient reports decreased pain and improved functional status on the medication regimen, but there is no subjective or objective detailing of reported pain over time or specific and objective functional improvement while on this medication. The patient is also on multiple pain medications so it is difficult to determine the effect of each, and the medical documentation does not clarify this. The number of refills also appears excessive for a complicated chronic pain regimen, and does not ensure constant monitoring. Therefore, the request for Ultram 50mg #120 with 5 refills is not medically necessary.

Zanaflex 4mg quantity 45 with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain: Antispasmodics; Muscle relaxants; Tizanidine Page(s): 60-61; 63-66; 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Muscle relaxants.

Decision rationale: Zanaflex is the brand name for Tizanidine, which is a muscle relaxant class medication. According to MTUS guidelines, muscle relaxants are recommended for chronic pain for a short course of therapy for acute exacerbations. Muscle relaxants may be effective in

reducing pain and muscle tension, but in most back pain cases, they show no benefit beyond NSAIDs. Evidence indicates the greatest effect is seen in the first 4 days of treatment. MTUS also states that pain relief is generally temporary, and continued evaluation should include documentation improvement in function and increased activity. ODG also states that a short course of therapy is recommended, and that this medication should not be used with other agents. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the short-term recommendation for treatment length. The treating physician states that the patient reports decreased pain and improved functional status on the medication regimen, but there is no subjective or objective detailing of reported pain over time or specific and objective functional improvement while on this medication. The number of refills also appears excessive a medication intended for short-term use. The patient is also on other chronic pain medication, which is not recommended in conjunction with muscle relaxants. Therefore, the request for Zanaflex 4 mg #45 with 5 refills, is not medically necessary.

Lyrice 200mg quantity 30 with five refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Lyrice.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrice) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: Lyrice is the brand name for pregabalin. According to MTUS guidelines, pregabalin has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. ODG has similar recommendations for first-line therapy. Pregabalin is also approved to treat fibromyalgia. The treating physician indicates the medication is being used to treat chronic musculoskeletal pain, which are not first-line indications for this medication. The treating physician states that the patient reports decreased pain and improved functional status on the medication regimen, but there is no subjective or objective detailing of reported pain over time or specific and objective functional improvement while on this medication. The number of refills also appears excessive with a complicated chronic pain regimen. The treating physician does not provide any other indication or rationale for the utilization of this medication. Therefore, the request for Lyrice 200 mg #30 with 5 refills is not medically necessary.