

<b>Case Number:</b>	CM15-0131789		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	09/27/1999
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 54 year old male, who sustained an industrial injury on September 27, 1999. The injured worker was diagnosed as having low back pain, discogenic low back and myofascial low back pain. Treatment to date has included oral and transdermal medications. A progress note dated June 16, 2015 provides the injured worker complains of back pain rated 6/10 with medication and 10/10 without medication. He reports he feels Topamax may help and that baclofen does not help. Physical exam notes slow guarded movement and decreased lumbar and lower extremity range of motion (ROM). There is pain on lumbar palpation and decreased lower extremity strength. The plan includes Celebrex, Zanaflex, Topamax, Morphine sulfate, Fentanyl patch and Ducolax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 per 06/16/15 order:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The records indicate that the patient reported significant pain relief without adverse effect with utilization of Celebrex. The criteria for the use of Celebrex 200mg #30 per 6/16/2015 order was met. The request is medically necessary. The criteria for the use of Celebrex 200mg #30 per 6/16/2015 order was met.

**Zanaflex 2mg #90, per 06/16/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction sedation and adverse interaction with opioids and sedative agents. The duration for use of Zanaflex had exceeded the guidelines recommended maximum of 4 to 6 weeks. There is no documentation of guidelines recommended liver function monitoring for chronic use of Zanaflex. The criteria for the use of Zanaflex 2mg #90 per 6/16/2015 order was not met. The request is not medically necessary.

**Topamax 50mg #60, per 06/16/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsant.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic and chronic pain syndrome when standard treatment with NSAIDs and PT have failed. The records did not show that the patient had failed treatment with first line anticonvulsant medications. The records did not show a clear medical indication for the use of Topamax except a notation that the Topamax was prescribed per patient request. The criteria for the use of Topomax 50mg #60 per 6/16/2015 order was not met. The request is not medically necessary.

**MS04 (Morphine sulfate) 15mg #150 per 06/16/15 order: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard PT, NSAIDs and non opioid co-analgesics have failed. The chronic use of high dose opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia state, sedation, addiction and adverse interaction with other sedatives. The records indicate a possible hyperalgesia state because there is no documentation of subjective, objective findings or functional restoration despite the chronic use of high dose opioids. The guidelines recommend that patients on high dose opioids be referred to Pain Programs or Addiction centers for safe weaning. The criteria for the use of Morphine sulfate #15mg #150 per 06/16/2015 order was not met. The request is not medically necessary.

**Fentanyl 100mcg #15, per 06/16/15 order: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fentanyl.

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

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard PT, NSAIDs and non opioid co-analgesics have failed. The chronic use of high dose opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia state, sedation, addiction and adverse interaction with other sedatives. It was recommended that long term Fentanyl treatment be utilized as a second line option in opioid tolerant patients and those who cannot utilize standard oral formulations of analgesics. The records indicate a possible hyperalgesia state because there is no documentation of subjective, objective findings or functional restoration despite the chronic use of high dose opioids. The guidelines recommend that patients on high dose opioids be referred to Pain Programs or Addiction centers for safe weaning. The criteria for the use of Fentanyl 100mcg/hr #15 per 06/16/2015 order was not met. The request is not medically necessary.