

<b>Case Number:</b>	CM15-0135209		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	07/01/2002
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 55 year old male, who sustained an industrial injury on July 01, 2002. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having back pain to the thoracic region, back pain to the lumbar region with radiculopathy, lumbar degenerative facet disease, post cervical laminectomy syndrome, lumbar degenerative disc disease with radial tear at lumbar four to five, cervicgia, bilateral knee pain, bilateral medial meniscus tear, myofascial pain syndrome, chronic neck pain, status post arthrodesis at anterior cervical six to seven, status post insertions of programmable spinal drug infusion pump, anxiety and depression with dysthymic tendencies and panic disorder, sleep disorder, cervicocranial syndrome, and median nerve neuritis carpal tunnel syndrome . Treatment and diagnostic studies to date has included medication regimen, use of a cane, use of a gym, status post implantation of an intrathecal pump, use of an intrathecal pump, status post bilateral knee arthroscopy, and above noted procedures. In a progress note dated June 01, 2015 the treating physician reports complaints of constant, sharp, aching, cramping, and stabbing pain to the bilateral arms, bilateral legs, neck, bilateral shoulders, thoracic spine, bilateral hips, bilateral hands, bilateral knees, bilateral back, and bilateral ankles and feet. The injured worker's medication regimen included Celebrex, Diazepam, Norco, and Dilaudid with Bupivacaine and Baclofen through intrathecal pump. The injured worker's pain level at its least with his medication regimen was 4 out of 10 and at its worst was 9 out of 10. The injured worker's pain level at its least and worst without his medication regimen was 10 out of 10. The treating physician also noted that the injured worker's medication regimen

assisted him with increasing his activities of daily living such as household chores and yard work. The treating physician requested the medications of Diazepam 10mg with a quantity of 60 and Celebrex 50mg with a quantity of 30 with 2 refills noting current use of these medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Diazepam 10 mg Qty 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 22.

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety in the provided documentation. For this reason the request is not medically necessary.

#### **Celebrex 50 mg Qty 30 with 2 refills: 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 NSAID Page(s): 68-72.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID use and proton pump inhibitors (PPI) states: Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary.

Cardiovascular disease: A non-pharmacological choice should be the first option in patients with cardiac risk factors. It is then suggested that acetaminophen or aspirin be used for short term needs. An opioid also remains a short-term alternative for analgesia. Major risk factors (recent MI, or coronary artery surgery, including recent stent placement): If NSAID therapy is necessary, the suggested treatment is naproxen plus low-dose aspirin plus a PPI. Mild to moderate risk factors: If long-term or high-dose therapy is required, full-dose naproxen (500 mg twice a day) appears to be the preferred choice of NSAID. If naproxen is ineffective, the suggested treatment is (1) the addition of aspirin to naproxen plus a PPI, or (2) a low-dose Cox-2 plus ASA. Cardiovascular risk does appear to extend to all non-aspirin NSAIDs, with the highest risk found for the Cox-2 agents. (Johnsen, 2005) (Lanas, 2006) (Antman, 2007) (Laine, 2007) Use with Aspirin for cardio protective effect: In terms of GI protective effect: The GI protective effect of Cox-2 agents is diminished in patients taking low-dose aspirin and a PPI may be required for those patients with GI risk factors. (Laine, 2007) In terms of the actual cardio protective effect of aspirin: Traditional NSAIDs (both ibuprofen and naproxen) appear to attenuate the antiplatelet effect of enteric-coated aspirin and should be taken 30 minutes after ASA or 8 hours before. (Antman, 2007) Cox-2 NSAIDs and diclofenac (a traditional NSAID) do not decrease anti-platelet effect. (Laine, 2007) The patient does not have risk factors that would require a COX-2 inhibitor over a traditional NSAID. Therefore, the request is not medically necessary.