

Case Number:	CM15-0135354		
Date Assigned:	07/24/2015	Date of Injury:	05/26/1993
Decision Date:	09/17/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	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: 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 62-year-old female, with a reported date of injury of 05/26/1993. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include lumbar degenerative disc disease with facet disease, stenosis, and bilateral L5 radicular pain. Treatments and evaluation to date have included oral medications and topical pain medication. The diagnostic studies to date were not included in the medical records. The medical report dated 04/22/2015 indicates that the injured worker stated that she was quite a bit worse. She had fairly severe, persistent back pain. The injured worker stated that without her medications it was very difficult for her to go about her activities of daily living. When she did not, have her medication, her intensity of pain was rated 8-9 out of 10, and when she took her medication, and her pain was rated 5 out of 10. It was noted that she had some Xanax from her primary physician. The patient health questionnaire indicated that the injured worker had severe depression. The worker's compensation follow-up dated 05/20/2015 indicates that the injured worker presented stating that she was 40% worse. On 05/08/2015, she tripped and fell on her knees and recently fractured and healed left wrist. The injured worker also stated that since then she had worsening of her back pain. Her back pain was rated 9 out of 10. The physical examination showed the ability to flex the lumbar spine to 70 degrees while bending over the table; marked tenderness over the low back, greater on the left; inability to extend beyond standing fully upright; and inability to extend the lumbar spine. The treatment plan indicates that the injured worker would be required to give a urine specimen at the next visit for urine toxicology. The plan included the decrease of

Morphine to 30mg from 45mg, and the continuation of all other medications as previously prescribed. The injured worker's work status was not indicated. The treating physician requested Celecoxib with three refills; Morphine Sulfate; Lyrica with three refills; Xanax with two refills; Prednisone taper 40mg; and Prednisone taper 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib capsules 200mg, #30 (30 day supply) with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that for osteoarthritis, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. Celecoxib (Celebrex) is an NSAID. According to the MTUS, for chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief and recommended for acute exacerbations of chronic pain. The injured worker has been taking Celecoxib since at least 06/20/2014, and she reported worsening of back pain since a recent fall. This represents an acute exacerbation and the continued use of Celebrex is appropriate and medically necessary.

Morphine sulfate tablets 30mg, #60 (30 day supply): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use - Therapeutic Trial of Opioids.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. The injured worker has been taking MS Contin, which is a long-acting opioid since at least 06/20/2014. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. Documentation included a urine toxicology report dated 12/23/2014, which was positive for opiates. The medical report dated 09/03/2014 indicates that the injured worker's urine toxicology on two occasions was consistent. It was noted that she had no abuse of any other medications or history of any kind of abuse. The medical

records included consent for chronic opioid therapy dated 12/19/2014. The medical records indicate an improvement in pain and function including ADL's with the use of Morphine sulfate and the continued use is medically necessary.

Lyrica capsules 50mg, #180 (30 day supply) with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Pregabalin (Lyrica) 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. Pregabalin was also approved to treat fibromyalgia. There is no evidence that the injured worker had been diagnosed with diabetic neuropathy, postherpetic neuralgia, or fibromyalgia. The guidelines also indicate that a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. A "good" response to the use of antiepileptic drugs (AEDs) is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. The medical report dated 06/27/2014 indicates that the injured worker had previously tried other anti-neuropathic agents including Gabapentin and Topamax, which were not as effective as the Lyrica. The injured worker appears to be having a satisfactory response to Lyrica and the continued use is medically necessary.

Xanax 1mg, #30 with 2 refills: 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): 24.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term effectiveness is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. There was documentation that a refill of Xanax was given on 03/06/2015 to be taken occasionally for anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long-term

use for any condition. The request does not meet guideline recommendation. Therefore, the request for Xanax is not medically necessary.

Prednisone taper 20mg a day for 2 days, #4: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Oral corticosteroids.

Decision rationale: The CA MTUS does not address Prednisone. Prednisone is an oral corticosteroid. The non-MTUS Official Disability Guidelines indicate that oral corticosteroids are "not recommended for chronic pain, except for Polymyalgia rheumatica (PMR)." The injured worker's most recent complaints included low back pain. She also complained of knee pain; The ODG states, "That they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use." This appears to have been short-term use for an acute exacerbation; therefore, the request for Prednisone is medically necessary.

Prednisone taper 40mg a day for 2 days #4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 20th Edition (web), 2015, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Oral corticosteroids.

Decision rationale: The CA MTUS does not address Prednisone. Prednisone is an oral corticosteroid. The non-MTUS Official Disability Guidelines indicate that oral corticosteroids are "not recommended for chronic pain, except for Polymyalgia rheumatica (PMR)." The injured worker's most recent complaints included low back pain. She also complained of knee pain; however, there is no indication of what the Prednisone was prescribed or used for the ODG states, "that they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use." A review of the injured workers medical records reveal that prednisone was prescribed for short-term treatment of an acute exacerbation. Therefore, the request for Prednisone is medically necessary.