

<b>Case Number:</b>	CM15-0136894		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 47 year old male, who sustained an industrial injury on October 6, 2011. Several documents included in the submitted medical records are difficult to decipher. He reported a lower back injury. The injured worker was diagnosed as having other & unspecified disc disorder lumbar region, discogenic lumbar condition, and weak bilateral lumbar 5 radiculopathy. Diagnostic studies to date have included: On April 6, 2015, an MRI of the lumbar spine revealed disc dehydration and narrowing, endplate ridging and reactive marrow hyperintensity and moderate neural foraminal narrowing at lumbar 5-sacral 1. There was less discogenic change at lumbar 2-3 through lumbar 4-5 without herniation or stenosis. On April 22, 2015, electromyography and nerve conduction studies revealed no evidence of lumbosacral radiculopathy. There was a weak finding of absent bilateral peroneal F-waves, which may be seen in bilateral disorders of the lumbar 5 nerve roots, but which should be considered not otherwise specified-specific in isolation, as in this case. On January 13, 2014, he underwent a left lumbar 5 and sacral 1 micro laminotomy, discectomy, foraminotomy, and decompression of lumbar 5 and sacral 1 nerve roots. Treatment to date has included chiropractic therapy, temporary total disability, work modifications, a back brace, home stretches and exercises, chiropractic massage, a chiropractic bed, a transcutaneous electrical nerve stimulation (TENS) unit, hot and cold, and medications including short-acting and long-acting opioid analgesic, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of hypertension. On June 17, 2015, the injured worker reported ongoing intermittent back pain radiating to the left calf. His pain was rated 4 to 7 out of 10. Associated symptoms include weakness below the

knee, loss of motion, weather effects, numbness, tingling, and cramping and pain waking him from sleep. The physical exam revealed inability to squat, dorsiflexion of less than 10 degrees, palmar flexion of no more than 20 degrees, a positive right straight leg raise at 30 degrees with discomfort, and a positive left straight leg raise at 60 degrees with discomfort. There was positive facet loading lumbar 3 through sacral 1 and tenderness along the paraspinal musculature. There were normal reflexes and no focal neurologic deficits. The treatment plan includes Tramadol ER, Norco, Flexeril, Celebrex, and Aciphex.

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

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

**One (1) prescription of Tramadol ER 150mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 74-96; 113.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CA-MTUS) guidelines, recommend the synthetic opioid Tramadol as a second-line treatment for moderate to severe pain. The long term usage of opioid therapy is discouraged by the CA-MTUS guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In addition, the CA-MTUS guidelines details indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was a lack of documentation the opioid compliance guidelines which include risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract between the provider and the claimant, and the lack of objective evidence of functional benefit obtained from the opioid medication. There was lack of documentation of a recent urine drug screen to support compliance of treatment with Tramadol ER, which would be necessary for continued usage. Therefore, the request for Tramadol ER is not medically necessary.

**One (1) prescription of Norco #30: 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 Page(s): 74-96.

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was a lack of documentation the opioid compliance guidelines which include risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract between the provider and the claimant, and the lack of objective evidence of functional benefit obtained from the opioid medication. There was lack of documentation of a recent urine drug screen to support compliance of treatment with Norco, which would be necessary for continued usage. Therefore, the request for Norco is not medically necessary.

**One (1) prescription of Flexeril 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308, Chronic Pain Treatment Guidelines Chronic Pain: Cyclobenzaprine (Flexeril); Muscle Relaxants (for pain) Page(s): 41; 63-66.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". The combination of muscle relaxants with non-steroidal anti-inflammatory drugs has shown no additional benefit. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The CMTUS guidelines recommend Cyclobenzaprine (Flexeril) for short-term treatment (no longer than 2-3 weeks) to decrease muscle spasms in the lower back. The ACOEM guidelines recommend muscle relaxants for the short-term treatment of acute spasms of the low back. The medical records show that the injured worker has been taking Flexeril for muscle spasms since at least March 2015, which exceeds the short-term treatment recommended by the guidelines. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

**One (1) prescription of Celebrex 200mg #30: Upheld**

**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); NSAIDs, specific drug list & adverse effects: Selective COX-2 NSAIDs; NSAIDs, hypertension and renal function Page(s): 67-68; 70.

**Decision rationale:** Celebrex (Celecoxib) is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. There was lack of diagnostic evidence that the injured worker was being treated for osteoarthritis, rheumatoid arthritis, or ankylosing spondylitis. The medical records show that the injured worker has used an NSAID, Naproxen, chronically without documentation of improvement of symptoms or function. In addition, the injured worker has a history of hypertension. The CA MTUS notes that there is an increased cardiovascular risk with use of NSAIDs in injured workers with hypertension. Based on the lack of an approved condition for treatment, lack of improvement of symptoms, or function with chronic NSAID use, and the increased risk in patients with hypertension, the request for Celebrex is not medically necessary.

**One (1) prescription of Aciphex 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter: NSAIDs, GI symptoms & cardiovascular risk; Proton pump inhibitors (PPIs).

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors (PPIs), such as Aciphex (Rabeprazole), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. Aciphex is considered a second-line PPI. There is a lack of evidence that the injured worker is at intermediate or high risk for gastrointestinal events. The injured worker is less than 65 years old and has no history of peptic ulcer, GI bleeding, or perforation. The injured worker is not being treated with high-dose or multiple NSAIDs, or concurrent aspirin, corticosteroids, and/or an anticoagulant. Therefore, the medical necessity of this requested medication has not been established. The requested medication is not medically necessary.