

<b>Case Number:</b>	CM15-0147157		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	09/08/2012
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 42 year old male, who sustained an industrial injury on September 8, 2012. He reported low back pain and lower extremity pain. The injured worker was diagnosed as having chronic intractable pain, status post lumbar 4-sacral 1 left laminotomy and foraminotomy on March 5, 2014, lumbar 4-5 and lumbar 5-sacral 1 foraminal stenosis, chronic re-nervation changes in bilateral lumbar 4-Sacral1 innervated muscles, confirmed by Electrodiagnostic studies on January 16, 2015. Treatment to date has included diagnostic studies, surgical intervention of the low back, physical therapy, radiographic imaging, medications and work restrictions. Currently, the injured worker continues to report continued low back pain with pain radiating to the lower extremities with associated weakness, tingling, numbness and loss of balance, worse on the left than right. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 18, 2014, revealed continued low back pain radiating to the bilateral lower extremities with left lower 'extremity tingling' and numbness radiating into the left foot and toes. He reported some benefit with post-operative physical therapy. He also reported loss of bowel and bladder control and painful urination. He noted he had weakness of the left leg causing loss of balance. Lying, standing and walking aggravate the symptoms. He noted use of medications provided some relief. Current medications included Norco, Celebrex, Prilosec, Lyrica and Cymbalta. Evaluation on February 25, 2015, revealed continued pain as noted. He rated his pain at 8-9 without medications and 5 on a scale of 1-10 with 10 being the worst with medications. Norco, Cymbalta, Celebrex and Nexium were continued. Prilosec was discontinued. It was noted the Nexium was prescribed for

"ongoing complaints of dyspepsia" however there was no diagnoses related to dyspepsia. Evaluation on April 23, 2105, revealed continued pain as noted. He rated his pain at 9 on a 1-10 scale with medications and 10 on a 1-10 scale without medications. Evaluation on May 28, 2015, revealed continued pain as noted. Surgical intervention of the lumbar spine was requested. Evaluation on June 24, 2015, revealed ongoing pain rated at 7 on a 1-10 scale with 10 being the worst. Celebrex 200mg, Cymbalta 30mg, Norco 10/325 and Nexium 40mg were requested.

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

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

### **Norco 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 94, 91, 122.

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

**Decision rationale:** According to the California (CA) MTUS Guidelines Norco is a short-acting opioid recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose should be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was indicated in the documentation use of the prescribed short-acting opioid medication did not decrease the level of pain the injured worker reported from one visit to the next. In addition, there was no noted functional improvement or improved pain noted during the duration of the prescription for Norco. Furthermore, there was no specified quantity or frequency in the requested treatments. For these reasons, the request for Norco 10/325mg is not medically necessary.

### **Celebrex 200mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list; NSAIDs, GI symptoms & cardiovascular risk Page(s): 70, 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 27-30.

**Decision rationale:** According to the California (CA) MTUS Guidelines, Celebrex is recommended for back pain after failed trials of non-steroidal anti-inflammatories (NSAIDs) or if NSAIDs are contraindicated. In this case, there was no indication of failed trials of NSAIDs and no diagnoses contraindicating the use of NSAIDs. In addition, there was no indication of a quantity or frequency in the requested treatments. For these reasons, the request for Celebrex 200mg is not medically necessary.

**Nexium 40mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list; NSAIDs, GI symptoms and cardiovascular risk Page(s): 70, 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** According to the California (CA) MTUS guidelines, Nexium, a proton pump inhibitor is appropriate for the treatment of dyspepsia secondary to NSAID use or for individuals at risk for gastrointestinal events with the use of NSAIDs. It was noted in the documentation that the injured worker experienced some ongoing dyspepsia however there was no indication it was related to NSAID use. There was no specific incident or description of gastrointestinal problems noted in the provided documents. There was no indication of diagnosis of dyspepsia secondary to NSAID use and no noted increased risk factors for gastrointestinal events. Additionally there was no quantity or frequency noted in the requested treatments. For these reasons, the request for Nexium 40mg is not medically necessary.

**Cymbalta 30mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

**Decision rationale:** According to the California (CA) MTUS Guidelines, Cymbalta is a norepinephrine and serotonin reuptake inhibitor (SNRI) antidepressant recommended for the treatment of neuropathic pain and depression. In this case, there was indication of neuropathic pain however there was no indication of decreased symptoms with the use of Cymbalta. In addition there was no quantity or frequency of the medication noted in the requested treatments. For these reasons, the request for Cymbalta 30mg is not medically necessary.