

<b>Case Number:</b>	CM15-0162984		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old male with a date of injury of December 21, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain, cervical sprain and strain, lumbar sprain and strain, headache, anxiety, depression, and gastroesophageal reflux disease. Medical records dated July 6, 2015 indicate that the injured worker complains of constant neck pain radiating down the bilateral upper extremities associated with bilateral occipital, temporal, and frontal headache, difficulty sleeping, constant lower back pain that radiates down the bilateral lower extremities accompanied by numbness and tingling, and lower extremity pain in the bilateral hips and knees. Records also indicate pain rated at a level of 6 out of 10 on average with medications and 9 out of 10 on average without medications, and that the pain has recently worsened. Difficulties with activities of daily living were noted. A progress note dated June 8, 2015 documented similar complaints, with a pain level rated at 7 out of 10 on average with medications. Per the treating physician (July 6, 2015), the employee has not returned to work. The physical exam dated July 6, 2015 reveals spasm at C5-7 bilaterally in the paraspinal muscles with spinal vertebral tenderness, range of motion of the cervical spine moderately limited due to pain, significantly increased pain with cervical flexion, extension and rotation, decreased sensation in the bilateral upper extremities, moderately decreased strength in the bilaterally upper extremities, decreased grip strength bilaterally, spasm at L4-S1 with tenderness to palpation in the spinal vertebral area, significantly increased pain with lumbar flexion and extension, facet signs present in the lumbar spine bilaterally, decreased strength in the bilateral lower extremities, and positive straight leg raise in the seated position bilaterally at

45 degrees. The progress note dated June 8, 2015 documented a physical examination that showed similar findings. Treatment has included transforaminal epidural steroid injection on January 9, 2015 with minimal (5-20%) overall improvement, medications (Celebrex 200mg twice daily, Suboxone 8mg-2mg one half to one every twelve hours, Fioricet 50-325-40mg once each day since at least April of 2015; Tramadol 50 mg once each day as needed since at least May of 2015; Cyclobenzaprine, Meloxicam and Amitriptyline since at least April of 2015), home exercise, magnetic resonance imaging of the lumbar spine (January 9, 2012) that showed disc protrusions, foraminal narrowing, and stenosis, x-ray of the lumbar spine (January 4, 2012) that showed narrowing of the L3-4 disc space, and x-ray of the cervical spine (January 4, 2013) that showed degenerative disc disease and osteoarthritis. The original utilization review (July 28, 2015) non-certified a request for Celecoxib 200mg #60 and Fiorinal 50/325/40mg #30, and partially certified a request for Suboxone 8mg/2mg #60 one month supply for weaning purposes and Tramadol 50mg #30 one month supply for weaning purposes (original request for Suboxone 8mg/2mg #60 and Tramadol 50mg #30).

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

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

**Suboxone 8mg/2mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Suboxone 8mg/2mg is not medically necessary.

**Celecoxib 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend routine use of NSAIDs due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, medical necessity for celecoxib prescription has not been established.

**Fiorinal 50/325/40mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Fiorinal is a combination medication composed of Caffeine, Aspirin, Butalbital. Per California MTUS Chronic Pain Treatment Guidelines, barbiturate containing analgesics are "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache." This patient has been documented to have chronic pain in the cervical and lumbar spine. Per MTUS, use of barbiturates containing analgesics are not indicated for chronic pain. Therefore, based on the submitted medical documentation, the request for fiorinal is not medically necessary.

**Tramadol 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per MTUS guidelines, "Tramadol is a centrally

acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that are at risk for suicide or addiction." Per ODG, Tramadol is associated with an increased risk for hypoglycemia requiring hospitalization. Although rare, tramadol-induced hypoglycemia is a potentially fatal, adverse event. "Hypoglycemia adds to mounting concerns about tramadol, a weak opioid, that counter the perception that it is a safer alternative to full opioids." This patient has chronic cervical pain, which is currently being treated with opioids. The patient is at risk for addiction due to his current opioid use. Therefore, based on the submitted medical documentation, the request for tramadol is not medically necessary.