

Case Number:	CM15-0163098		
Date Assigned:	09/09/2015	Date of Injury:	05/29/2008
Decision Date:	10/27/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	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: New York

Certification(s)/Specialty: Internal 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 55 year old male who sustained an industrial injury on 05-29-2015. Diagnoses include post laminectomy syndrome, lumbar radiculopathy and chronic pain syndrome. A physician progress note dated 05-12-2015 to 07-13-2015 documents the injured worker has complaints of ongoing back pain which is constant and sharp, and radiates down both lower extremities. On examination, he has a positive straight leg raise at 30-45 degrees, with pain in the L5-S1 distribution and pain with motion of the lumbar spine. He ambulates with a waddling gait and the use of a walker. Treatment to date has included diagnostic studies, medications, surgery on 12-07-2010, and therapy. In the past the injured worker has tried Ibuprofen and Naproxen and had intolerable side effects of gastritis. A urine drug screen done on 06-09-2015 was consistent with his medications. The injured worker had a trial of a spinal cord stimulator on 04-22-2015 and had a 50% reduction in pain relief along with improved function and lower medication usage. The injured worker has been on his current medication regime since at least 01-12-2015, and Norco was increased on 10-07-2014. The original utilization review dated 07-22-2015 documents treatment requested is for Norco 10/325mg; quantity: 180, refills: unspecified; taken by mouth, 1-2 tablets three times a day, as needed for breakthrough pain was denied due to excessive duration of use. Drug toxicology testing is lacking. Omeprazole 20mg; quantity: 60 refills: unspecified; taken by mouth, 1 tablet twice a day was not certified and stated "the physician should reconsider if GI symptoms occur when the injured worker is receiving Celebrex at the recommended FDA prescribed dosage." Doc-q-lase 100mg quantity: 90 refills: unspecified; taken by mouth, 1 tablet three times a day for opiate induced constipation is non-certified. Celebrex 200mg, quantity: 60, refills; unspecified; taken by mouth, 1 tablet twice a day to improve pain and inflammation was denied due to the high dose. FDA recommends Celebrex at 200mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg; quantity: 180, refills: unspecified; taken by mouth, 1-2 tablets three times a day, as needed for breakthrough pain: 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 for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic radicular low back pain. Documentation fails to demonstrate adequate objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325mg; quantity: 180, refills: unspecified; taken by mouth, 1-2 tablets three times a day, as needed for breakthrough pain is not medically necessary. Physician reports fail to demonstrate a recent urine drug screen or supporting evidence of significant improvement in the injured worker's pain or level of function and there is no documentation of extenuating circumstances. With guidelines not being met and in the absence of significant response to treatment, the request for Norco 10-325mg #60 is not medically necessary.

Celebrex 200mg, quantity:60, refills; unspecified; taken by mouth, 1 tablet twice a day to improve pain and inflammation: 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).

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Celebrex is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor. Unlike other NSAIDs Celebrex does not appear to interfere with the anti-platelet activity of aspirin and is bleeding neutral. Use of Cox 2 inhibitors (Celebrex) is recommended as an alternative in patients who could benefit from NSAID use, but are at risk for gastrointestinal events, such as bleeding. The recommended daily dose of Celebrex is 200 mg a day. The injured worker complains of chronic radicular low back pain. Documentation fails to demonstrate adequate

objective improvement in level of function or pain. Physician report further indicates that the injured worker is being prescribed a dose of Celebrex higher than recommended and continues to experience GI upset with current medications. The request for Celebrex 200mg #60 with 2 refills is not medically necessary per MTUS guidelines.

Omeprazole 20mg; quantity: 60 refills: unspecified; taken by mouth, 1 tablet twice a day:
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, GI symptoms & cardiovascular risk.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation shows that the injured worker had gastritis with previous trial of NSAIDs and complains of GI upset on current medications. Being that the ongoing use of Celebrex and opioids has not been recommended and there is no evidence that the injured worker is at high risk of gastrointestinal bleeding or perforation, Omeprazole is no longer indicated. The request for Omeprazole 20mg; quantity: 60 refills: unspecified; taken by mouth, 1 tablet twice a day is not medically necessary per MTUS guidelines.

Doculase 100mg quantity: 90 refills: unspecified; taken by mouth, 1 tablet three times a day for opiate induced constipation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus>.

Decision rationale: MTUS does not address this request. Stool softeners are used on a short-term basis to treat constipation. Being that the continued use of Opioids has not been recommended for this injured worker, the use of Doculase to treat opioid-induced constipation is no longer indicated. The request for Doculase 100mg quantity: 90 refills: unspecified; taken by mouth, 1 tablet three times a day for opiate induced constipation is not medically necessary.