

Case Number:	CM15-0163116		
Date Assigned:	08/31/2015	Date of Injury:	11/23/2012
Decision Date:	10/08/2015	UR Denial Date:	08/17/2015
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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on 11-23-2012. She reported falling onto her knees and striking her head on the wall. Diagnoses have included discogenic cervical condition, discogenic lumbar condition, impingement syndrome on the right and internal derangement of the knee on the right. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), shoulder surgery, injections and medication. According to the progress report dated 7-1-2015, the injured worker complained of shooting pain from the neck down the arm. She complained of shooting pain down her legs, especially on the left side. She complained of numbness along the left lower extremity and occasional numbness along the left upper extremity as well. Physical exam revealed limited range of motion of the right shoulder. There was tenderness along the cervical and lumbar paraspinal muscles bilaterally. There was tenderness across the joint line of the right knee medially and laterally. Authorization was requested for Tramadol ER, Celebrex, Aciphex, Neurontin, Lunesta and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #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.

Decision rationale: The patient presents with neck, low back, right shoulder, right knee, and left knee pain. The current request is for Celebrex 200 mg #30. The treating physician's report dated 08-05-2015 (270B) states, "Please kindly authorize on return Celebrex 200mg (#30) for inflammation". The patient was prescribed Celebrex prior to 04-29-2015. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. In this case, there is no documentation of medication efficacy as it relates to the use of Celebrex. MTUS Guidelines page 60 require pain assessment and functional changes when medications are prescribed for chronic pain. The current request is not medically necessary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. None of the reports note before and after pain scales to show analgesia. There are no activities of daily living discussed. No side effects were reported. There are no aberrant drug screens such as urine drug screen or CURES report documented to show adherence to medication. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS guidelines. The current request is not medically necessary.

Celebrex 200mg #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.

Decision rationale: The patient presents with neck, low back, right shoulder, right knee, and left knee pain. The current request is for Celebrex 200 mg #30. The treating physician's report dated 08-05-2015 (270B) states, "Please kindly authorize on return Celebrex 200mg (#30) for inflammation". The patient was prescribed Celebrex prior to 04-29-2015. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic

pain. In this case, there is no documentation of medication efficacy as it relates to the use of Celebrex. MTUS Guidelines page 60 require pain assessment and functional changes when medications are prescribed for chronic pain. The current request is not medically necessary.

Aciphex 20mg #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, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with neck, low back, right shoulder, right knee, and left knee pain. The current request is for Aciphex 20mg #60. The treating physician's report dated 08-05-2015 (270B) states, "Due to chronic pain and inactivity, the patient has an element of weight loss of 20 pounds, depression, stress, gastritis and sexual dysfunction." Medical records show that the patient was prescribed Aciphex prior to 04-29-2015. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: 1- age > 65 years; 2- history of peptic ulcer, GI bleeding or perforation; 3- concurrent use of ASA, corticosteroids, and-or an anticoagulant; or 4- high dose-multiple NSAID, e.g., NSAID + low-dose ASA. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the physician has noted a history of gastritis, however, there is no discussion of NSAID induced dyspepsia. The current request is not medically necessary.

Nuerontin 600mg #90: 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): Medications for chronic pain.

Decision rationale: The patient presents with neck, low back, right shoulder, right knee, and left knee pain. The current request is for Neurontin 600mg #90. The treating physician's report dated 08-05-2015 (270B) states, "Associated with this, the patient has vertigo and headaches and shooting pain down the upper extremities with numbness occasionally in the left arm." The MTUS Guidelines pages 18 and 19 on gabapentin states that it has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as first-line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The patient was prescribed Neurontin on 07-01-2015. While the physician has noted neuropathic pain, the MTUS Guidelines page 60 require documentation of pain reduction and functional gains when medications are prescribed for chronic pain. None of the reports document

medication efficacy as it relates to the use of Neurontin. The current request is not medically necessary.

Lunesta 2mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Eszopiclone.

Decision rationale: The patient presents with neck, low back, right shoulder, right knee, and left knee pain. The current request is for Lunesta 2mg #30. The treating physician's report dated 08-05-2015 states, "Please kindly authorize on return". Lunesta 2mg (#30) for insomnia. Medical records do not show a history of Lunesta use. The MTUS and ACOEM Guidelines are silent with regard to this request. However, the ODG Guidelines on Eszopiclone (Lunesta) states, "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment." In this case, the patient does have a history of insomnia and the requested trial of Lunesta is supported by the ODG Guidelines. The current request is medically necessary.

Norflex 100mg #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): Muscle relaxants (for pain).

Decision rationale: The patient presents with neck, low back, right shoulder, right knee, and left knee pain. The current request is for Norflex 100mg #60. The treating physician's report dated 08-05-2015 states, "Please kindly authorize on return." Norflex 100 mg (#60) for muscle spasms. Norflex is also known as orphenadrine, a drug similar to diphenhydramine, but has greater anticholinergic effects. The effects are thought to be secondary to analgesic and anticholinergic properties. The MTUS Guidelines page 63 to 66 on muscle relaxants do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. The records show that the patient has not tried Norflex in the past. While a trial of Norflex is reasonable, the requested quantity exceeds MTUS recommendation for short-term treatment. The current request is not medically necessary.