

<b>Case Number:</b>	CM15-0163366		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	08/11/1975
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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

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 71 year old male who sustained an industrial injury on 08-11-1975. Mechanism of injury occurred when he was cutting a tree when a 6 inch round, 12 foot long tree limb fell out of the tree and hit him into his car and knocking him to the ground. Diagnoses include lumbar degenerative disc disease-degenerative disc disorder, lumbar disc herniation, radiculopathy, multiple medical issues and gastrointestinal upset related to NSAIDs. Treatment to date has included diagnostic studies, medications, chiropractic sessions, physical therapy, cervical epidural injections, and lumbar epidural steroid injections, and he is status post discectomy in 1976. A physician progress note dated 07-10-2015 documents the injured worker complains of chronic progressive pain in his lower back and left leg. He has a slow and handled gait. He has tenderness to palpation over the lumbar paraspinal muscles. Range of motion is restricted and painful. Lumbar facet joint loading test is positive for pain. Straight leg raise test was positive seated and supine to 65 degrees. Sensory was diminished in the bilateral L4-L5 and S1 dermatomes of the lower extremities. He has decreased sensation at his feet. His quality of sleep is fair and his activity level remains the same. The treatment plan includes one (1) prescription of Prevacid 30mg #30 with 3 refills, and a lumbar brace. Treatment requested is for One (1) prescription of Tylenol with Codeine No. 4 #120 with 2 refills, one (1) prescription of Lyrica 150mg #60 with 2 refills, one (1) prescription of Celebrex 200mg with 2 refills, and one (1) prescription of Ambien 10mg #25 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Lyrica 150mg #60 with 2 refills: 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** The patient presents with pain in the neck, low back and left leg. The request is for one (1) prescription of Lyrica 150mg #60 with 2 refills. Patient is status post lumbar discectomy surgery, 1976. Physical examination to the lumbar spine on 04/13/15 revealed tenderness to palpation over the paraspinal muscles. Lumbar facet joint loading test was positive for pain, bilaterally. Straight leg raise test was positive in the seated and supine position to 65 degrees, bilaterally. Per Request for Authorization Form dated 07/29/15, patient' diagnosis includes backache not otherwise specified. Patient's medications, per 07/10/15 progress report include Tylenol with Codeine #4, Ambien, Celebrex, Lyrica, Prevacid, Amlodipine, Hydrochlorothiazide, Lisinopril, Metformin, Metoprolol Succinate, and Pravastatin. Patient is permanent and stationary. MTUS Guidelines, page 19-20, Antiepilepsy drugs (AEDs) section, under Lyrica states: "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." The treater has not discussed this request. The utilization review letter dated 08/06/15 modified the request to #7 between 07/26/15 and 11/02/15. Review of the medical records indicate that the patient has been utilizing this medication since at least 03/08/15. However, the treater has not documented how Lyrica has impacted patient's pain and function. MTUS page 60 states that pain assessment and functional changes must be noted when medications are used for chronic pain. This request does not meet guideline recommendations and therefore, IS NOT medically necessary.

**One (1) prescription of Celebrex 200mg with 2 refills: 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): Anti-inflammatory medications, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The patient presents with pain in the neck, low back and left leg. The request is for one (1) prescription of celebrex 200mg with 2 refills. Patient is status post lumbar discectomy surgery, 1976. Physical examination to the lumbar spine on 04/13/15 revealed tenderness to palpation over the paraspinal muscles. Lumbar facet joint loading test was positive for pain, bilaterally. Straight leg raise test was positive in the seated and supine position to 65

degrees, bilaterally. Per Request for Authorization Form dated 07/29/15, patient' diagnosis includes backache not otherwise specified. Patient's medications, per 07/10/15 progress report include Tylenol with Codeine #4, Ambien, Celebrex, Lyrica, Prevacid, Amlodipine, Hydrochlorothiazide, Lisinopril, Metformin, Metoprolol Succinate, and Pravastatin. Patient is permanent and stationary. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., 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, but a 10-to-1 difference in cost." MTUS Chronic Pain Medical Treatment Guidelines, pg. 70-73 Selective COX-2 NSAIDS, for Celecoxib (Celebrex), states this is the only available COX-2 in the United States and that the Recommended Dose is 200 mg a day (single dose or 100 mg twice a day). Treater does not discuss this request. Patient has received prescriptions for Celebrex from 04/13/15 and 07/10/15. However, the treater has not documented how this medication has impacted the patient's pain and functional improvement. MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the treater has not documented the efficacy of this medication. Therefore, the request IS NOT medically necessary.

**One (1) prescription of Tylenol with Codeine No. 4 #120 with 2 refills: 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 for chronic pain.

**Decision rationale:** The patient presents with pain in the neck, low back and left leg. The request is for one (1) prescription of Tylenol with codeine no. 4 #120 with 2 refills. Patient is status post lumbar discectomy surgery, 1976. Physical examination to the lumbar spine on 04/13/15 revealed tenderness to palpation over the paraspinal muscles. Lumbar facet joint loading test was positive for pain, bilaterally. Straight leg raise test was positive in the seated and supine position to 65 degrees, bilaterally. Per Request for Authorization Form dated 07/29/15, patient' diagnosis includes backache not otherwise specified. Patient's medications, per 07/10/15 progress report include Tylenol with Codeine #4, Ambien, Celebrex, Lyrica, Prevacid, Amlodipine, Hydrochlorothiazide, Lisinopril, Metformin, Metoprolol Succinate, and Pravastatin. Patient is permanent and stationary. MTUS Guidelines Criteria for Use of Opioids, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16

weeks), but also appears limited." The treater has not discussed this request. The utilization review letter dated 08/06/15 modified the request to #70 between 07/29/15 and 11/02/15. The patient was prescribed Tylenol #4 04/13/15 and 07/10/15. However, the treater has not discussed how Tylenol #4 decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. While UDS results are current and consistent with patient's medications, no CURES reports, or opioid pain contracts was provided. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**One (1) prescription of Ambien 10mg #25 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Zolpidem (Ambien).

**Decision rationale:** The patient presents with pain in the neck, low back and left leg. The request is for one (1) prescription of Ambien 10 mg #25 with 2 refills. Patient is status post lumbar discectomy surgery, 1976. Physical examination to the lumbar spine on 04/13/15 revealed tenderness to palpation over the paraspinal muscles. Lumbar facet joint loading test was positive for pain, bilaterally. Straight leg raise test was positive in the seated and supine position to 65 degrees, bilaterally. Per Request For Authorization Form dated 07/29/15, patient' diagnosis includes backache not otherwise specified. Patient's medications, per 07/10/15 progress report include Tylenol with Codeine #4, Ambien, Celebrex, Lyrica, Prevacid, Amlodipine, Hydrochlorothiazide, Lisinopril, Metformin, Metoprolol Succinate, and Pravastatin. Patient is permanent and stationary. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Treater has not discussed this request. A prescription for Ambien was first noted in progress report dated 07/10/15. Review of the medical records provided did not indicate prior use and it appears that the treater is initiating this medication. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia, due to negative side effect profile. The current request for 20 tablets with 2 refills does not indicate short term use. The request IS NOT medically necessary.