

<b>Case Number:</b>	CM15-0163662		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	04/21/2003
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/17/2015
<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 60 year old male who sustained an industrial-work injury on 4-21-03. He reported an initial complaint of shoulder and back pain. The injured worker was diagnosed as having osteoarthritis of shoulder, pain in joint-shoulder region, degeneration of lumbar or lumbosacral intervertebral disc, lumbar spinal stenosis, lumbar or lumbosacral neuritis or radiculitis, acquired spondylolisthesis, rotator cuff (capsule) sprain, superior glenoid labrum lesion, orthopedic aftercare. Treatment to date includes medication. Currently, the injured worker complained of low back and knee pain. There were GERD (gastroesophageal reflux disease) symptoms with long term medication use. Per the primary physician's report (PR-2) on 8-12-15, exam noted an antalgic gait, tenderness to palpation over the lumbar paraspinals, painful range of motion of the lumbar spine, and normal neurological exam. The requested treatments include Celebrex 200 mg, Celebrex 100 mg, diazepam 10 mg, Flexeril 10 mg, and Norco 10/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg #60:** Overturned

**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.

**Decision rationale:** Based on the 08/12/15 progress report provided by treating physician, the patient presents with pain to low back and knees. The patient is status post right inguinal hernia surgery 3 months ago, and shoulder surgery in 2013. The request is for Celebrex 200 MG #60. Patient's diagnosis per Request for Authorization form dated 08/12/15 includes lumbar degenerative disc disease, lumbar spinal stenosis and lumbar radiculopathy. The patient has an antalgic gait. Physical examination to the lumbar spine on 08/12/15 revealed tenderness and moderate pain on range of motion. Treatment to date has included surgery and MRI of the right shoulder, and medications. Patient's medications include Celebrex, Norco, Diazepam and Flexeril. The patient is permanent and stationary, per 02/11/15 report. MTUS, Anti-inflammatory medications Section, page 22, states the following: "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. (Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk." Celebrex has been included in patient's medications, per progress reports dated 02/11/15, 05/20/15, and 08/12/15. It is not known when this medication was initiated. Per 02/11/15 report, treater states "the patient may undergo random urine toxicology screening, to verify medication compliance," but results have not been discussed. Progress report dated 02/24/15 states opioid consent form was completed. Patient states pain is reduced from 7-8/10 without medications down to a level of 2-3/10 with medications, and that his activity is greatly reduced without this combination of medications. Treater continues to state that when the patient "first gets up in the morning around 5AM he will have to take his first dose of hydrocodone and Celebrex and he puts himself through the process of stretching before he can be functional enough to shower and get about his activities of daily living. He denies any past history of substance abuse... He denies any side effects..." MTUS guidelines state that Celebrex is indicated in patients with a history of GI complications and not recommended for the majority of patients owing to high cost. In this case, treater has documented medication efficacy and per 08/12/15 report, the patient has a diagnosis of GERD with an onset date of 10/09/12. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

**Celebrex 100 mg #60:** Overturned

**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.

**Decision rationale:** Based on the 08/12/15 progress report provided by treating physician, the patient presents with pain to low back and knees. The patient is status post right inguinal hernia surgery 3 months ago, and shoulder surgery in 2013. The request is for Celebrex 100 mg #60. Patient's diagnosis per Request for Authorization form dated 08/12/15 includes lumbar degenerative disc disease, lumbar spinal stenosis and lumbar radiculopathy. The patient has an antalgic gait. Physical examination to the lumbar spine on 08/12/15 revealed tenderness and moderate pain on range of motion. Treatment to date has included surgery and MRI of the right shoulder, and medications. Patient's medications include Celebrex, Norco, Diazepam and Flexeril. The patient is permanent and stationary, per 02/11/15 report. MTUS, Anti-inflammatory medications Section, page 22, states the following: "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. (Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk." Celebrex has been included in patient's medications, per progress reports dated 02/11/15, 05/20/15, and 08/12/15. It is not known when this medication was initiated. Per 02/11/15 report, treater states "the patient may undergo random urine toxicology screening, to verify medication compliance," but results have not been discussed. Progress report dated 02/24/15 states opioid consent form was completed. Patient states pain is reduced from 7-8/10 without medications down to a level of 2-3/10 with medications, and that his activity is greatly reduced without this combination of medications. Treater continues to state that when the patient "first gets up in the morning around 5AM he will have to take his first dose of hydrocodone and Celebrex and he puts himself through the process of stretching before he can be functional enough to shower and get about his activities of daily living. He denies any past history of substance abuse... He denies any side effects..." MTUS guidelines state that Celebrex is indicated in patients with a history of GI complications and not recommended for the majority of patients owing to high cost. In this case, treater has documented medication efficacy and per 08/12/15 report, the patient has a diagnosis of GERD with an onset date of 10/09/12. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

**Diazepam 10 mg #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): Benzodiazepines.

**Decision rationale:** Based on the 08/12/15 progress report provided by treating physician, the patient presents with pain to low back and knees. The patient is status post right inguinal hernia surgery 3 months ago, and shoulder surgery in 2013. The request is for Diazepam 10 mg #60. Patient's diagnosis per Request for Authorization form dated 08/12/15 includes lumbar degenerative disc disease, lumbar spinal stenosis and lumbar radiculopathy. The patient has an antalgic gait. Physical examination to the lumbar spine on 08/12/15 revealed tenderness and moderate pain on range of motion. Treatment to date has included surgery and MRI of the right

shoulder, and medications. Patient's medications include Celebrex, Norco, Diazepam and Flexeril. The patient is permanent and stationary, per 02/11/15 report. MTUS, Benzodiazepines section, page 24 states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The patient has a diagnosis of major depressive disorder with an onset date of 10/09/12, per 05/20/15 report. Diazepam has been included in patient's medications, per progress reports dated 02/11/15, 05/20/15, and 08/12/15. It is not known when this medication was initiated. Guidelines do not recommend long-term use of benzodiazepines due to risk of dependence. The patient has been prescribed this medication at least since 02/11/15, which is more than 6 months from UR date of 08/17/15. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

**Flexeril 10 mg #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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** Based on the 08/12/15 progress report provided by treating physician, the patient presents with pain to low back and knees. The patient is status post right inguinal hernia surgery 3 months ago, and shoulder surgery in 2013. The request is for Flexeril 10 mg #60. Patient's diagnosis per Request for Authorization form dated 08/12/15 includes lumbar degenerative disc disease, lumbar spinal stenosis and lumbar radiculopathy. The patient has an antalgic gait. Physical examination to the lumbar spine on 08/12/15 revealed tenderness and moderate pain on range of motion. Treatment to date has included surgery and MRI of the right shoulder, and medications. Patient's medications include Celebrex, Norco, Diazepam and Flexeril. The patient is permanent and stationary, per 02/11/15 report. MTUS, Muscle relaxants (for pain) section, page 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy...Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects." Flexeril has been included in patient's medications, per progress reports dated 02/11/15, 05/20/15, and 08/12/15. It is not known when this medication was initiated. MTUS recommends Flexeril, only for a short period (no more than 2-3 weeks). The patient has been prescribed this medication at least since 02/11/15, which is more than 6 months

from UR date of 08/17/15. The request for additional prescription of Flexeril would exceed guideline recommendations. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

**Norco 10/325 mg #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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Based on the 08/12/15 progress report provided by treating physician, the patient presents with pain to low back and knees. The patient is status post right inguinal hernia surgery 3 months ago, and shoulder surgery in 2013. The request is for Norco 10/325 mg #60. Patient's diagnosis per Request for Authorization form dated 08/12/15 includes lumbar degenerative disc disease, lumbar spinal stenosis and lumbar radiculopathy. The patient has an antalgic gait. Physical examination to the lumbar spine on 08/12/15 revealed tenderness and moderate pain on range of motion. Treatment to date has included surgery and MRI of the right shoulder, and medications. Patient's medications include Celebrex, Norco, Diazepam and Flexeril. The patient is permanent and stationary, per 02/11/15 report. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Norco has been included in patient's medications, per progress reports dated 02/11/15, 05/20/15, and 08/12/15. It is not known when this medication was initiated. Per 02/11/15 report, treater states "the patient may undergo random urine toxicology screening, to verify medication compliance." Progress report dated 02/24/15 states opioid consent form was completed. Patient states pain is reduced from 7-8/10 without medications down to a level of 2-3/10 with medications, and that his activity is greatly reduced without this combination of medications. Treater continues to state that when the patient "first gets up in the morning around 5am he will have to take his first dose of hydrocodone and Celebrex and he puts himself through the process of stretching before he can be functional enough to shower and get about his activities of daily living. He denies any past history of substance abuse... He denies any side effects..." In this case, in addressing the 4A's, treater has discussed analgesia, adverse effects, aberrant behavior and some ADL's. However, with regards to aberrant behavior, there is no discussion of whether UDS's were performed, nor is there documentation that results were consistent. MTUS requires appropriate discussion of the 4A's to warrant continuation of opioid therapy. Given the lack of documentation as required by guidelines, the request is not medically necessary.

