

Case Number:	CM15-0167884		
Date Assigned:	09/08/2015	Date of Injury:	06/24/1986
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 75-year-old female, with a reported date of injury of 06-24-1986. The diagnoses include degenerative spondylolisthesis at L4-5, lumbar spinal stenosis, and right lower extremity sciatica. Treatments and evaluation to date have included lumbar surgery on 01-12-2015, Protonix 40mg, Soma 350mg, Tylenol (since at least 01-2015), Celebrex 200mg, injections, and postoperative therapy. The treating physician indicates that the injured worker has been on Celebrex, Protonix, and Soma since 2006. The diagnostic studies to date have included an x-ray of the lumbar spine on 06-23-2015 and 04-28-2015, which showed intact hardware with excellent alignment at L4-5. The medical report dated 06-23-2015 indicates that the injured worker had low back pain, worse on the right, with electric shocks down her right leg. The injured worker had an issue when she walked and she "drifts" to one side. At night time, the injured worker felt tingling down both of her legs. It was noted that the injured worker's low back pain has been a recurring problem. The treating physician indicated that since the last visit, the injured worker's pain has remained the same. The objective findings (04-28-2015 to 06-23-2015) included no abdominal pain, no nausea, no vomiting, normal lumbar curvature, well-healed surgical incisions on the bilateral lumbar spine without evidence of infection, and no tenderness of the lumbar spine. The injured worker used a walker for assistance. She has been permanent and stationary. The treating physician requested Celebrex 200mg #30 with three refills, Protonix 40mg #30 with three refills, and Soma 350mg #90 with two refills. It was noted that the injured worker had maintained well on the medication regimen and has been able to continue her daily activities and a somewhat normal life with these medications. The request for

authorization was not included in the medical records provided for review. On 08/06/2015, the Utilization Review non-certified the request for Celebrex 200mg due to no indication that the injured worker had an acute inflammatory process, Protonix 40mg due to no documented gastrointestinal affects of the non-steroidal anti-inflammatory drugs, and Soma 350mg due to no objective evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #30 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) NSAIDs, gastrointestinal symptoms & cardiovascular risk, (2) NSAIDs, specific drug list & adverse effects Page(s): 68, 72.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1986 and recently underwent a lumbar fusion in January 2015. She continues to be treated for low back pain with right lower extremity sciatic symptoms. When seen, there had been improvement after an injection. She was having back pain when walking and electric shocks into the right leg. She was having tingling in her legs at night. Physical examination findings included ambulating with a walker. There were healing surgical incisions. Medications were refilled. Celebrex was prescribed in April 2015. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is over age 65. Guidelines recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib). The dose prescribed is consistent with that recommended. The request was medically necessary.

Protonix 40 mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) NSAIDs, gastrointestinal symptoms & cardiovascular risk, 68 (2) NSAIDs, specific drug list & adverse effects, p72 Page(s): 68, 72.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1986 and recently underwent a lumbar fusion in January 2015. She continues to be treated for low back pain with right lower extremity sciatic symptoms. When seen, there had been improvement after an injection. She was having back pain when walking and electric shocks into the right leg. She was having tingling in her legs at night. Physical examination findings included ambulating with a walker. There were healing surgical incisions. Medications were

refilled. Celebrex was prescribed in April 2015 and Protonix in March 2013. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. Use of a selective COX-2 medication and a proton pump inhibitor is not recommended unless there is a high risk, which is not present in this case. The ongoing prescribing of Protonix was not medically necessary.

Soma 350 mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1986 and recently underwent a lumbar fusion in January 2015. She continues to be treated for low back pain with right lower extremity sciatic symptoms. When seen, there had been improvement after an injection. She was having back pain when walking and electric shocks into the right leg. She was having tingling in her legs at night. Physical examination findings included ambulating with a walker. There were healing surgical incisions. Medications were refilled. Soma has been prescribed since May 2014. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite is and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma was not medically necessary.