

<b>Case Number:</b>	CM15-0168398		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	08/12/2010
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on August 12, 2010. He reported neck and back injuries due to cumulative trauma. The injured worker was diagnosed as having chronic neck pain secondary to cervical degenerative disc disease status post cervical fusion at C3-4 (cervical 3-4) with degenerative disc disease at C5-6 (cervical 5-6) and C6-7 (cervical 6-7), chronic intractable low back pain secondary to multilevel lumbosacral degenerative disc disease and facet arthropathy at L4-5 (lumbar 4-5) and L5-sacral 1 (lumbar 5-sacral 1), severe neuropathic pain, chronic pain syndrome, hepatitis C, and hypothyroidism. Medical records (February 25, 2015 to June 15, 2015) indicate ongoing poor coping mechanism and fear of being reinjured. The treating physician noted no aberrant behavior and remains very compliant. Records also indicate he continues to use a transcutaneous electrical nerve stimulation (TENS) unit, which helps with muscle spasms. Per the treating physician (June 15, 2015 report), the injured worker has not returned to work. The physical exam (March 16, 2015 to June 15, 2015) reveals a normal to slightly antalgic gait, limited cervical and lumbar range of motion, marked tenderness to palpation of the cervical and lumbar paraspinals, intact sensation, and 5 out of 5 motor strength in the upper and lower extremities bilaterally. On March 25, 2015, a urine toxicology screen detected Oxymorphone, Temazepam, and Oxazepam. Treatment has included postoperative physical therapy, lumbar epidural steroid injections, a transcutaneous electrical nerve stimulation (TENS) unit, and medications including pain (Opana since at least February 2015), antidepressant (Zoloft since at least June 2014), sleep (Temazepam), and non-steroidal anti-inflammatory (Celebrex since at least February 2015). The requested treatments included Celebrex 200mg, Opana 10mg, and Sertraline 50mg. On July 28, 2015, the original utilization review non-certified a request for Celebrex 200mg #30 and partially approved a requests Opana

10mg #60 (original request for #120) to allow for weaning and Sertraline 50mg #15 (original request for #30).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Opana 10mg #120: 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, Opioids for neuropathic pain.

**Decision rationale:** According to the guidelines, opioids such as Opana are not 1st line for mechanical or compressive etiologies. Long-term use has not been studied. Failure of Tylenol, weaning trial or Tricyclics was not mentioned and pain scores were not routinely noted. The continued use of Opana is not justified and 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. Pain scores were not noted to determine reduction with use of medications. The Celebrex is not medically necessary.

#### **Sertraline 50mg #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): Antidepressants for chronic pain.

**Decision rationale:** Sertraline is an antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Sertraline for several months. The continued use is not supported by any evidence and is not medically necessary.