

Case Number:	CM15-0188132		
Date Assigned:	10/02/2015	Date of Injury:	02/13/2006
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/24/2015

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 34 year old male who sustained an industrial injury on 2-13-06. The medical records indicate that the injured worker is being treated for adjacent level disc disease at L4-5; lumbar facet syndrome; chronic myofascial lumbar pain; residual lumbar radiculitis L5 dermatomal on the left greater than right. He currently (9-17-15) complains of continued low back pain radiating down the lower extremities, left greater than right. Exercise increases the pain. On 8-18-15 it was noted that his complaints of constant, dull achy pain is decreased with Celebrex. It was also noted that with the use of Norco the injured worker had a reduction in pain level from 7 out of 10 to 3 out of 10 and was able to walk up to 30 minutes without the need to sit down, to stand for up to 30 minutes and to sit for 45 minutes. He is able to drive himself to appointments, care for family. Without this medication his activities were decreased to standing for 10 minutes and sitting for 15 minutes. Per the 9-17-15 note the injured worker signed an opioid agreement on 2-12-15, the controlled substance utilization review and evaluation system dated 8-18-15 was consistent with medications reported and toxicology report from 2-12-15 was consistent with medications reported. The provider notes that the injured worker is low risk for misuse of medication but has had recent flare up and starting to need medication more frequently. On physical exam of the low back there was tenderness to palpation of the paraspinal musculature, point specific tenderness in the lower facet joints positive with Kemp's testing bilaterally, positive straight leg raise on the right, pinwheel shows hyperesthesia along the L4, L5, and S1 distribution but mainly the L5, range of motion was slightly improved. An MRI of the lumbar spine (6-16-12) showed posterior disc bulging with hypertrophy of the left facet joint,

soft tissue signal posterior to the left. He has been treated with over the counter Motrin and Naprosyn which caused gastritis, gabapentin and fenoprofen which were denied. He is currently on Norco since at least 4-23-15, Celebrex, and omeprazole. He has had 3 epidurals with no significant benefit. He is status post lumbar fusion at L5-S1 (8-10-10). The request for authorization dated 9-8-15 was for Celebrex 200mg #30 and Norco 10-325mg #30. On 9-18-15 Utilization Review non-certified the requests for Celebrex 200mg #30; Norco 10-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg quantity 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): Anti-inflammatory medications.

Decision rationale: The patient presents with low back pain radiating to the bilateral lower extremities, left greater than right. The request is for Celebrex 200mg quantity 30. Patient is status post lumbar spine surgery, date unspecified. Physical examination to the lumbar spine on 04/23/15 revealed tenderness to palpation over the paraspinal muscles, and in the lower facet joints, especially the L4-L5. Per 09/08/15 Request For Authorization form, patient's diagnosis include s/p lumbar fusion, lumbar disc disease, lumbar facet, myofasxitis, and lumbar radiculitis. Patient's medications, per 09/17/15 Request for Authorization form include Norco, Celebrex, and Omeprazole. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment 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). In progress report dated 09/17/15, the treater states that the patient has gastritis with over the counter Motrin or Naprosyn and he does better with Celebrex and Omeprazole. Review of the medical records provided indicate that the patient has been utilizing Celebrex since at least 05/21/15. However, the treater has not documented how this medication has impacted the patient's pain and functional improvement. MTUS p60 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.

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

Decision rationale: The patient presents with low back pain radiating to the bilateral lower extremities, left greater than right. The request is for Norco 10/325mg quantity 30. Patient is status post lumbar spine surgery, date unspecified. Physical examination to the lumbar spine on 04/23/15 revealed tenderness to palpation over the paraspinal muscles, and in the lower facet joints, especially the L4-L5. Per 09/08/15 Request For Authorization form, patient's diagnosis include s/p lumbar fusion, lumbar disc disease, lumbar facet, myofasxitis, and lumbar radiculitis. Patient's medications, per 09/17/15 Request For Authorization form include Norco, Celebrex, and Omeprazole. Patient's work status was not specified. 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, p77, 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, Opioids for Chronic Pain Section, pages 80 and 81 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." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In progress report dated 09/17/15, the treater states, "The patient states Norco reduces his pain from as high as 7/10 down to 3/10 and allows him to be more functional and the ability to walk up to 30 minutes at a time without the need to sit down. He is able to stand for approximately 30 minutes and sit up to 45 minutes, allowing him to drive himself to appointments and take care of his family and driving his kids back and forth to school and appointments." Review of the medical records provided indicate that the patient has been utilizing Norco since at least 05/21/15. Per 08/18/15 progress report, CURES report is current and consistent with patient's medications. In this case, the treater has discussed patient's ADL's and before and after pain scales. However, there are no discussions on adverse effect and other measures of aberrant behavior. There are no UDS results either. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request is not medically necessary.