

Case Number:	CM15-0192352		
Date Assigned:	10/06/2015	Date of Injury:	01/25/1994
Decision Date:	12/11/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/30/2015

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: Pennsylvania

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 53 year old male, who sustained an industrial injury on January 25, 1994. The injured worker was diagnosed as having failed back to the lumbar spine, muscle spasm, other acute pain, radiculopathy to the lumbar spine, and fibromyalgia and myositis. Treatment and diagnostic studies to date has included yoga, stretching, bike riding, medication regimen, laboratory studies, trigger point injections, physical therapy, acupuncture, and biofeedback. In a progress note dated September 15, 2015 the treating physician reports complaints of aching low back pain and gastrointestinal upset with the use of the medication of Celebrex. Examination performed on September 15, 2015 was revealing for pain on the right side with palpation at lumbar three through sacral one, pain to the lumbar intervertebral discs with palpation, and pain with range of motion to the lumbar spine. On September 15, 2015 the injured worker's current medication regimen included Percocet (Oxycodone-Acetaminophen) (since at least December of 2012), Omeprazole (since at least July of 2014), Oxycodone (since at least July of 2014), and Celebrex (since at least December of 2012). The progress note from September 15, 2015 noted that the injured worker had a 50% reduction of pain and "improving functionality enabling him independence with essential activities of daily living as well as to care for his home and ranch", but also noted that "Percocet was denied noting that Percocet was indicated for breakthrough pain only, and that his level of functionality was not documented." The progress note from September 15, 2015 did not include the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the

effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with the use of his medication regimen. On September 15, 2015 the treating physician requested the medications of Celebrex 200mg 1 capsule once a day for 30 days with a quantity of 30 with 1 refill, Omeprazole 20mg capsule delayed release 2 capsules once a day as necessary for 30 days with a quantity of 60 with 1 refill, and Oxycodone-Acetaminophen (Percocet) 5-325mg 1 tablet 4 times a day as necessary for 30 days with a quantity of 100, noting current use of these medications. The treating physician also requested the medication Voltaren 1% gel 1gm every 8 hours as necessary for 30 days with a quantity of 5 with 1 refill, but the progress note did not indicate the specific reason for the requested medication. On September 24, 2015 the Utilization Review determined the requests for Celebrex 200mg 1 capsule once a day for 30 days with a quantity of 30 with 1 refill, Omeprazole 20mg capsule delayed release 2 capsules once a day as necessary for 30 days with a quantity of 60 with 1 refill, Oxycodone- Acetaminophen 5-325mg 1 tablet 4 times a day as necessary for 30 days with a quantity of 100, and Voltaren 1% gel 1gm every 8 hours as necessary for 30 days with a quantity of 5 with 1 refill to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Acetaminophen 5/325mg 1 tablet 4 times a day, as necessary for 30 days #100: 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), Low back-Lumbar & Thoracic (Acute & amp; Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker had not returned to work and there was no documentation of any improvement in function. The available medical record including the progress note of 9/15/2015 did not include documentation of pain using a VAS or similar to adequately show improvement in pain. It is stated that he went without his medications a couple of months ago and his functionality was significantly decreased. He is taking more than one medication so this statement does not specifically address the benefit of oxycodone/

acetaminophen. Furthermore, there is no documentation of specific functions or ADL's before and after or with and without this specific medication to determine benefit. The request is not medically necessary.

Celebrex 200mg 1 capsule once a day for 30 days #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex may be considered if the patient has a risk of GI complications but not for the majority of patients. (p 22) These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The available record does not document any of these risks. It is stated that he has GI upset secondary to Celebrex but the GI upset is not described. GI symptoms such as nausea is a possible side effect with most medications and is not an indication to use a COX-2 instead of a non-COX-2 NSAID. The request is not medically necessary.

Omeprazole 20mg capsule delayed release 2 capsules once a day as necessary for 30 days #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitors such as omeprazole are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was on an NSAID and at risk for gastrointestinal events. Therefore, omeprazole cannot be considered to be medically necessary.

Voltaren 1% gel 1 gm every 8 hours as necessary for 30 days #5 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, Physician's desk reference, [www.rxlist.com]www.rxlist.com, ODG Workers compensation drug formulary, [www.odg-twc/formulary.htm]www.odg-twc/formulary.htm, Epocrates online www.online.epocrates.com, monthly prescribing reference, [www.empr.com-opioid]www.empr.com-opioid dose calculator-Agency medical directors group dose calculator.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, topical NSAID's such as Voltaren are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for neuropathic pain as there is no evidence to support its use. When used, topical NSAIDs are recommended for short-term use of 4-12 weeks. It is not clear in this case, where the Voltaren is intended to be applied. The record indicates he has back pain with radiculopathy which is not an indication for a topical NSAID. It is not documented that he has osteoarthritis or tendinitis or that the medication is to be applied to a joint that would be considered amenable to topical treatment. The request is not medically necessary.