

<b>Case Number:</b>	CM15-0198499		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/14/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 14, 2014. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve requests for Celebrex, Nucynta, and Lorzone. The claims administrator referenced a September 1, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 1, 2015, it was acknowledged that the applicant was off of work, on total temporary disability. The attending provider stated that the applicant's pain scores averaged 7-8/10, despite ongoing medication consumption. The attending provider stated in one section of the note that the applicant's medications were helping but acknowledged in another section of the note that the applicant's sleep quality was poor, the applicant remained uncomfortable, and that Nucynta was not seemingly helpful. Toward the bottom of the note, the applicant was given renewals of Celebrex, Nucynta, and Lorzone. Lumbar medial branch blocks were sought. On a later note dated September 29, 2015, the applicant was described as deconditioned, off of work, and having difficulty ambulating. The applicant was using a cane to move about. The applicant was, once again, off of work, on total temporary disability, it was reported toward the top of the note. In the middle of the note, it was acknowledged that the applicant was on disability. Multiple medications were renewed and/or continued, including the Celebrex, Nucynta, and Lorzone in question.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Introduction.

**Decision rationale:** No, the request for Celebrex, a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are recommended in applicants who are at heightened risk for development of GI complications, as was seemingly the case here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, it was reported on the September 29, 2015 and September 1, 2015 office visits at issue. The applicant reported pain complaints as high as 7-8/10 on both dates. The applicant was having difficulty standing and walking and was apparently using a cane to move about, the treating provider reported on September 29, 2015. Ongoing usage of Celebrex failed to curtail the applicant's dependence on opioid agents such as Nucynta. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Nucynta ER 100mg 1 PO every 12 hours PRN baseline pain #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

**Decision rationale:** Similarly, the request for Nucynta, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and received both Workers Compensation and indemnity disability insurance benefits, it was reported on the September 29, 2015 and September 1, 2015 office visit in question. The applicant was having difficulty performing activities of daily living as basic as standing and walking and was apparently using a cane to move about, it was reported on September 29, 2015. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Nucynta. Therefore, the request was not medically necessary.

**Lorzone 375mg BID PRN #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Finally, the request for Lorzone, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Lorzone are recommended with caution as second-line options to combat acute exacerbations of chronic low back pain. Here, however, the 60-tablet supply of Lorzone at issue represented chronic, long-term, and twice daily usage, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.