

Case Number:	CM15-0198566		
Date Assigned:	10/14/2015	Date of Injury:	05/16/2001
Decision Date:	11/20/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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 50 year old male, who sustained an industrial injury on 5-16-2001. The injured worker is undergoing treatment for chronic back pain, sciatica, lumbar laminectomy, lumbar fusion and lumbar stenosis. Medical records dated 9-22-2015 indicate the injured worker complains of back pain and sciatica in the left leg. He reports pain at the worst is 9 out of 10 and at best 5 out of 10. Exam dated 8-11-2015 indicates pain rated 8-9 out of 10 at worst and 6-7 out of 10 with medication. The treating physician indicates "his medical regimen has been greatly reduced." Physical exam dated 9-22-2015 notes stiffness and painful lumbar decreased range of motion (ROM). Treatment to date has included Norco, Levorphanol, Celebrex, Lyrica, laminectomy, physical therapy and injections. The original utilization review dated 9-30-2015 indicates the request for Lyrica 75mg #45 is certified, Levorphanol 2mg #120 is modified and Celebrex 200mg #48 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levorphanol 2mg #120: Overturned

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, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in April 2001 and continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. Treatments have included multiple lumbar surgeries, a spinal cord stimulator, and medications. His past medical history includes anxiety, arthritis, depression, elevated cholesterol, hypertension, osteoporosis, hematuria, and incontinence. When seen, medication weaning had been done. He was doing well with his current medications which were decreasing pain from 9/10 to 5/10. He was not having side effects and he was able to more actively participate in activities of daily living. Physical examination findings included decreased and painful lumbar spine range of motion. There was a normal neurological examination. Medications were refilled including levorphanol and Norco at a total MED (morphine equivalent dose) of less than 90 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Levorphanol is a potent immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and medications are providing decreased pain and improved activities of daily living and activity tolerance. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Celebrex 200mg #48: 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 Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in April 2001 and continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. Treatments have included multiple lumbar surgeries, a spinal cord stimulator, and medications. His past medical history includes anxiety, arthritis, depression, elevated cholesterol, hypertension, osteoporosis, hematuria, and incontinence. When seen, medication weaning had been done. He was doing well with his current medications which were decreasing pain from 9/10 to 5/10. He was not having side effects and he was able to more actively participate in activities of daily living. Physical examination findings included decreased and painful lumbar spine range of motion. There was a normal neurological examination. Medications were refilled including levorphanol and Norco at a total MED (morphine equivalent dose) of less than 90 mg per day. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a gastrointestinal event. The

claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib) over a non-selective medication. The request is not considered medically necessary.