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| Case Number: | CM15-0203346 | | |
| Date Assigned: | 10/20/2015 | Date of Injury: | 02/28/2013 |
| Decision Date: | 12/29/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 10/15/2015 |

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 64 year old male who sustained an industrial injury on 2-28-13. The injured worker reported back pain with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for cervicgia, lumbar intervertebral disc, cervical spondylosis and lumbosacral spondylosis. Medical records dated 9-2-15 indicate pain rated at 8 out of 10. Provider documentation dated 9-2-15 noted the work status as "on disability". Treatment has included Celebrex since at least May of 2015, Flexeril since at least May of 2015, Norco, Nucynta since at least May of 2015, Vicodin since at least May of 2015, Voltaren since at least May of 2015, Zanaflex since at least May of 2015, Motrin, epidural steroid injection, home exercise program, lumbar spine magnetic resonance imaging (4-29-13) and cervical spine magnetic resonance imaging (1-29-13). Objective findings dated 9-2-15 were notable for complaints of crepitus upon active range of motion of the cervical spine, pain to lower lumbar spine area. The treating physician indicates that the urine drug testing result (1-14-15) showed no aberration. The original utilization review (9-15-15) denied a request for Pharmacy purchase of Cialis 20mg #9 with 1 refill, Pharmacy purchase of Celebrex 200mg #60 with 1 refill, Pharmacy purchase of Prilosec 20mg #30 with 1 refill, Pharmacy purchase of Voltaren Gel 2 tubes and Pharmacy purchase of Zanaflex 4mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Cialis 20mg #9 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 General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Cialis, a phosphodiesterase inhibitor is indicated for BPH and erectile dysfunction. While the MTUS does not specifically address the topic of Cialis, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. The MTUS Guideline in ACOEM Chapter 3, page 47 also notes that it is incumbent upon a prescribing provider to discuss the efficacy of the medication for the particular condition for which it is being prescribed. Here, however, the attending provider did not state for what purpose Cialis was being employed and why the medication was being chosen over other medications in the same drug class (failure of prior therapy, allergy, etc). Therefore, based on the submitted medical documentation, the request for Cialis is not medically necessary.

Pharmacy purchase of Celebrex 200mg #60 with 1 refill: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend routine use of NSAIDs due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, medical necessity for Celebrex prescription has not been established; the request is not medically necessary.

Pharmacy purchase of Prilosec 20mg #30 with 1 refill: 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), Pain Chapter, Proton Pump Inhibitors.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. This patient is not on NSAIDS. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records do not support that he has GERD. Furthermore, the patient has no documentation of why chronic PPI therapy is necessary. He does not have GERD that is not documented to be refractory to H2 blocker therapy and he has no records that indicate an active h. pylori infection. Therefore, based on the submitted medical documentation, the request for Prilosec prescription is not medically necessary.

Pharmacy purchase of Voltaren Gel 2 tubes: Upheld

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

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per the California MTUS guidelines, topical NSAIDS are only recommended for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." They should only be use for "short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip or shoulder. Use for neuropathic pain is not recommended, as there is no evidence to support use. This patient does not have documented osteoarthritis. Chronic pain syndrome has been diagnosed and is not an indication for topical NSAID use. Therefore, based on the submitted medical documentation, the request for diclofenac gel is not medically necessary.

Pharmacy purchase of Zanaflex 4mg #60 with 1 refill: 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: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, Zanaflex is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain". Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient has been diagnosed with chronic pain of the spine. Per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Zanaflex is not medically necessary.