

Case Number:	CM15-0204042		
Date Assigned:	10/20/2015	Date of Injury:	09/18/2014
Decision Date:	12/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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: Iowa

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 injured worker is a 46 year old female who sustained an industrial injury on 9-18-14. A review of the medical records indicates she is undergoing treatment for lumbosacral spondylosis and lumbago. Medical records (5-28-15, 6-26-15, 7-30-15, 9-9-15, and 10-19-15) indicate ongoing complaints of low back pain, ranging in rating 4-8 out of 10, most recently 4/10. She has had three emergency room visits regarding her low back pain in May, July, and August 2015. The physical exam (9-9-15 and 10-19-15) indicates no tenderness on palpation of the lumbar spine and normal range of motion, strength is 5 out of 5 in all planes, straight leg raise is negative, gait is "normal." Diagnostic studies have included an MRI of the lumbar spine. Treatment has included a lumbar facet injection right L4-5 and L5-S1, as well as L3, L4, and L5 medial branch blocks and medications. Her medications include Celexa, Cyclobenzaprine, Gabapentin, Norco, Bupropion, Levothyroxine, Meloxicam, Tramadol, and Celebrex. She has been receiving Celebrex and Norco since at least 4-16-15. Treatment recommendations include physical therapy and continuation of medications. No previous physical therapy is noted in the provided records. The utilization review (9-17-15) includes requests for authorization of Hydrocodone 7.5 Acetaminophen 325mg #60 with 1 refill, Physical therapy 2x5, and Celebrex 200mg #30 with 2 refills. Celebrex was denied, hydrocodone-APAP was modified to a quantity of 60 with no refills, and physical therapy was modified to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg/Acetaminophen 325mg #60 with 1 refill: 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 (Classification), Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: Hydrocodone is an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. There is limited evidence of failure of first-line therapy or an indicated diagnosis. The treating physician has not provided rationale for the extended use of this medication, and the most recent treatment notes do not include documentation regarding the reported pain over time or specific functional improvement while on this medication. While the documentation does state that the patient is "doing well" on the current regimen, it also states the patient continues to have pain and decreased functional status. Therefore, the request for Hydrocodone/Acetaminophen 7.5 mg/325 mg #60 with 1 refill, is not medically necessary.

Physical Therapy 2x5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: According to MTUS guidelines, physical therapy is recommended for chronic pain when accompanied by a self-directed home physical medicine program. The guidelines recommend fading of treatment frequency, from 3 visits per week to 1 or less. ACOEM also recommends a home exercise program to accompany physical therapy. Recommendations vary in length between body part, but all recommend a discrete timeframe of physical medicine accompanied by a home program. All guidelines also recommend that after

initial trial periods, clear evidence of improvement with treatment should be appreciable. For back pain, ODG recommends an initial therapy of 10 visits over 8 weeks for lumbar muscle issues, and 9 visits over 8 weeks for unspecified back pain. The medical documentation and recent treatment notes do not indicate that the patient has a regular home exercise program or any prior physical therapy. Although the overall amount of therapy visits (10) is consistent with back pain guidelines, the treating physician request over 5 weeks is too frequent, as guidelines recommend they are spread over 8 weeks; there is also no fading of treatment frequency. Therefore, the request for Physical Therapy 2x5, is not medically necessary at this time.

Celebrex 200mg #30 with 2 refills: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs.

Decision rationale: Celebrex is the brand-name for celecoxib, a NSAID COX-2 selective inhibitor. According to MTUS guidelines, anti-inflammatory medications are the traditional first line treatment for pain, with evidence supporting the use of NSAIDs in chronic pain. MTUS states that COX-2 inhibitors (Celebrex) may be considered if the patient has risk of GI complications, but not for the majority of patients. NSAIDs and COX-2 inhibitors have similar efficacy and risks. According to ODG, risk factors for GI bleeding include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID (e.g., NSAID + low-dose ASA). The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications, or why the patient could not be on a traditional NSAID medication. There is limited information regarding this medication other than comments to continue the current medication regimen. There is also no discussion of the functional or subjective improvement on the medication in the recent treatment notes. The treatment notes do not indicate any other approved indication for use other than chronic pain. Therefore, the request for Celebrex 200 mg #30 with 2 refills, is not medically necessary at this time.