

Case Number:	CM15-0205963		
Date Assigned:	10/22/2015	Date of Injury:	12/01/2000
Decision Date:	12/30/2015	UR Denial Date:	09/27/2015
Priority:	Standard	Application Received:	10/20/2015

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: New York
 Certification(s)/Specialty: Internal 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 59-year-old female, who sustained an industrial injury on 12-1-2000. Diagnoses include failed back syndrome and lumbar radiculitis, status post multiple lumbar surgeries and lumbar fusion. Treatments to date include activity modification, back brace, medication therapy, physical therapy, and acupuncture treatments. The record documented that medications had been prescribed for greater than 10 months and included Celebrex, Gabapentin, Oxycontin, Norco, and Soma. On 8-10-15, the injured worker documented no relief with Celebrex use, but that Oxycontin 80mg three times daily, Norco 10-325mg up to five times daily, Gabapentin, and Soma decreased pain and increased functional ability. On 9-10-15, she complained of no change in the chronic pain of the neck and low back. The physical examination documented tenderness in lumbar muscle and sacroiliac joints. There was decreased sensation noted along L5 dermatomes. The plan of care included continuation of previously prescribed medications. On 10-5-15, the record indicated no change in subjective or objective findings, but that previously prescribed medications were not approved and were not available. The provider documented the Oxycontin would be decreased to 60mg three times a day and the Soma would be discontinued and Baclofen would be prescribed instead. Pain was rated 9 out of 10 VAS. A CURES report and urine drug screening were noted to be addressed with no evidence of adverse effects or behaviors. The plan of care included ongoing medication therapy. The appeal requested authorization for Celebrex 100mg #60; Soma 350mg #90; Lidoderm 5% Patch #60 and Oxycontin 80mg #90. The Utilization Review dated 9-27-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg, #60: 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).

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Celebrex is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor. Unlike other NSAIDs Celebrex does not appear to interfere with the anti-platelet activity of aspirin and is bleeding neutral. Use of Cox 2 inhibitors (Celebrex) is recommended as an alternative in patients who could benefit from NSAID use, but are at risk for gastrointestinal events, such as bleeding. Documentation fails to show that the injured worker has history of significant gastrointestinal events to warrant the use of Celebrex. Furthermore, there is lack of evidence of adequate objective improvement in level of function or pain with ongoing use of this medication. In the absence of significant response to treatment, the request for Celebrex 100mg, #60 is not medically necessary.

Soma 350mg, #90: 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): Muscle relaxants (for pain).

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain with the use of Soma. The medical necessity for ongoing use of this medication has not been established. The request for Soma 350mg, #90 is not medically necessary per MTUS guidelines.

Lidoderm 5% 700mg/patch, #60: 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): Topical Analgesics.

Decision rationale: Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker has chronic neck and low back pain. Physician reports fail to demonstrate supporting evidence of significant objective improvement in pain to establish the medical necessity for ongoing use of Lidoderm patch. The request for Lidoderm 5% 700mg/patch, #60 is not medically necessary by lack of meeting MTUS criteria.

Norco 10mg, #120: 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): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck and low back pain. Documentation fails to demonstrate adequate objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10mg, #120 is not medically necessary.

Oxycontin 80mg, #90: 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): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key

factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck and low back pain. Documentation fails to demonstrate adequate objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Oxycontin 80mg, #90 is not medically necessary.