

Case Number:	CM15-0026854		
Date Assigned:	02/19/2015	Date of Injury:	10/10/2011
Decision Date:	04/07/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/12/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on 10/10/2011. He has reported subsequent neck and low back pain and was diagnosed with multilevel cervical degenerative disc disease, multilevel degenerative disc disease in the lumbar spine and cervical and lumbar strain with myofascial pain. Treatment to date has included oral and topical pain medication, chiropractic treatment, epidural steroid injections and physical therapy. In a progress note dated 11/13/2014, the injured worker complained of continued low back pain which was noted to be reduced with pain medication. Objective physical examination findings were notable for tenderness of the lumbar paraspinal muscles, iliolumbar, cervical paraspinal and sacroiliac regions, reduced cervical and lumbar range of motion and a mildly antalgic gait. Requests for authorization of Celebrex, Norco, Norflex and a corset back brace was made. On 01/17/2015, Utilization Review non-certified a request for Celebrex, noting that NSAID's are not recommended for long term use, non-certified a request for Norco noting that there was no evidence of objective functional improvement, non-certified a request for Norflex, noting that long term use may lead to dependence and non-certified a request for 1 corset back brace, noting that lumbar supports are not recommended for prevention of lumbar complaints. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Celebrex.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Based on the 12/15/14 treater report, the patient presents with neck pain that radiates down to the left arm and low back pain that radiates to the posterior thigh. The request is for Celebrex 200mg #30 with 3 refills. Patient's diagnosis per requesting RFA dated 01/12/15 includes cervical disc degeneration, lumbar intervertebral disc degeneration, displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy and cervical radiculitis. Patients medications have consistently included Celebrex, Norco and Norflex in treater reports dated 01/27/14, 07/15/14, and 12/15/14. The patient has been placed on modified duty, and is declared permanent and stationary, per treater report dated 12/15/14. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS guidelines page 22 for Celebrex, state, "COX-2 inhibitors -e.g., Celebrex- may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." Per medical records provided, Celebrex was first mentioned in progress report dated 01/27/14. NSAID's are indicated for first line treatment to reduce pain; however, Celebrex is not indicated for all patients per MTUS. The treater does not discuss how this medication is used and with what efficacy. Treater has not discussed GI complications. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with neck pain that radiates down to the left arm and low back pain that radiates to the posterior thigh. The request is for Norco 10/325mg #100. Patient's diagnosis per requesting RFA dated 01/12/15 includes cervical disc degeneration, lumbar intervertebral disc degeneration, displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy and cervical radiculitis. Patients medications have consistently included Celebrex, Norco and Norflex in treater reports dated 01/27/14, 07/15/14, and 12/15/14. The patient has been placed on modified duty, and is declared permanent and stationary, per treater report dated 12/15/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning

should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Norflex 100mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Norflex.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Muscle relaxants (for pain).

Decision rationale: The patient presents with neck pain that radiates down to the left arm and low back pain that radiates to the posterior thigh. The request is for Norflex 100mg #60 with 3 refills. Patient's diagnosis per requesting RFA dated 01/12/15 includes cervical disc degeneration, lumbar intervertebral disc degeneration, displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy and cervical radiculitis. Patient's medications have consistently included Celebrex, Norco and Norflex in treater reports dated 01/27/14, 07/15/14, and 12/15/14. The patient has been placed on modified duty, and is declared permanent and stationary, per treater report dated 12/15/14. For muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Per medical records provided, Norflex was first mentioned in progress report dated 01/27/14. Guidelines do not indicate prolonged use due to diminished effect, dependence,

and reported abuse. Furthermore, the request for quantity 100 does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

Corset Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Lumbar supports. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Lumbar supports.

Decision rationale: The patient presents with low back pain that radiates to the posterior thigh. The request is for a corset back brace. Patient's diagnosis per requesting RFA dated 01/12/15 includes cervical disc degeneration, lumbar intervertebral disc degeneration, displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy and cervical radiculitis. Patient's gait is antalgic. Per treater report dated 12/15/14, physical examination to the lumbar spine revealed moderate tenderness to palpation to the paraspinal muscles, iliolumbar and sacroiliac regions. Range of motion was decreased. The patient has been placed on modified duty, and is declared permanent and stationary, per treater report dated 12/15/14. ACOEM Guidelines page 301 states, "Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 of ACOEM Guidelines also states, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." ODG Guidelines also states that it is not recommended for prevention and for treatment. It is an option for fracture, spondylosis, documented instability, and for nonspecific low back pain (very low quality evidence). Per progress report 12/15/14, treater states "Patient has inquired about a back brace and heating pad as his are very old and all worn out. A prescription for these would be reasonable." However, ACOEM and ODG guidelines do not support the use of lumbar bracing. Therefore, the request IS NOT medically necessary.