

Case Number:	CM15-0216830		
Date Assigned:	11/09/2015	Date of Injury:	08/03/2010
Decision Date:	12/23/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/03/2015

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: Emergency 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:

This is a 44 year old male with a date of injury of August 3, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain with history of left leg pain, lumbar disc lesion, lumbar annular fissure, myofascial pain and spasm, rule out lumbar spondylosis, and poor sleep hygiene. Medical records dated July 28, 2015 indicate that the injured worker complained of lower back pain rated at a level of 5 out of 10, numbness and tingling in the feet, and poor sleep quality. A progress note dated September 29, 2015 documented complaints similar to those reported on July 28, 2015 with an improvement in left leg pain. Per the treating physician (September 29, 2015), the employee was working. The physical exam dated July 28, 2015 reveals axial lower back pain bilaterally, and "No major changes in the exam noted otherwise". Specifics of previous lumbar spine examinations were not documented in the submitted records. The progress note dated September 29, 2015 documented a physical examination that showed no changes since the examination performed on July 28, 2015. Treatment has included medications (Nucynta ER since April of 2015; Baclofen and Celebrex since at least April of 2015; history of Nucynta IR discontinued in April of 2015). The treating physician documented that the urine drug screen dated May 28, 2015 showed "Screening consistent". The utilization review (October 7, 2015) non-certified a request for Celebrex 200mg #60 with one refill and Baclofen 20mg #60 with one refill, and partially certified a request for Nucynta ER 50mg #60 (original request for one refill).

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 with 1 refill (each Rx to be filled 9/29/15 and 10/27/15): 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, hypertension and renal function.

Decision rationale: Celebrex is a Cox-2 inhibitor, a type of NSAID. As per MTUS guidelines, Cox-2 inhibitor may be considered in patients on NSAID therapy with dyspepsia. All NSAIDs increase risk of cardiovascular problems and high blood pressure. Guidelines recommend short course of NSAIDs. Chronic use is not recommended. Patient has noted history of hypertension and hyperlipidemia. There are signs consistent with NSAID related dyspepsia, patient has vague stomach upset due to multiple medication use. Patient has also chronically been on celebrex. Chronic use of celebrex is not medically necessary.

Baclofen 20mg #60 with 1 refill (each Rx to be filled 9/29/15 and 10/27/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: As per MTUS Chronic pain guidelines, muscle relaxants should be used for short term use for exacerbation of muscle spasms. Baclofen is only recommended for spasticity related to multiple sclerosis and spinal cord injury. It may occasionally be used off-label for paroxysmal neuropathic pain. Patient does not have a diagnosis that meets criteria for use. Patient also has been on Baclofen chronically. The number of tablets and refills are not consistent with plan for weaning or short term use. Baclofen is not medically necessary.

Nucynta ER 50mg #60 with 1 refill (each Rx to be filled 9/29/15 and 10/27/15): 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 - Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Nucynta is a direct Mu-agonist, an opioid-like medication. It has as much abuse potential as regular opioids and is classified as a schedule 2 medication. Patient has chronically been on this medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets criteria for recommendation with appropriate documentation of benefit and monitoring. However, MTUS guidelines do not recommend refills as to do not allow for appropriate monitoring. UR approved this with no refills. Nucynta with refill is not medically necessary.