

Case Number:	CM15-0222808		
Date Assigned:	11/18/2015	Date of Injury:	05/03/2005
Decision Date:	12/30/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/12/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 was a 62 year old male, who sustained an industrial injury on May 3, 2005. The injured worker was undergoing treatment for lumbar degenerative disc disease intervertebral disc, chronic low back pain, reactive arthropathy of sacroiliac joint, chronic pain and arthropathy of the spinal facet joint. According to progress note of October 8, 2015, the injured worker's chief complaint was low back pain, bilateral leg and wrist pain. The injured worker rated the pain 8 out of 10 without medications and 2-3 out of 10 with pain medications. The injured worker reported the medication was working well and the injured worker only took the medications on an as needed bases. The injured worker reported that the benefit of the choric pain medications maintenance regimen, activity restrictions and rest continue to keep pain within a manageable level which allowed the injured worker to complete necessary activities of daily living. The objective findings were tenderness around the lumbosacral with movement. The flexion was 50% restricted with elicits with more pain. The extension was 40% restricted, right lateral bending was 50% restricted. The straight leg raises were mild positive. The lower extremities still had tenderness medially over the MCL with palpation, right greater than the left, decreased strength on the right low extremity. The left foot with 2 well healed surgical scars and moderately tender with light palpation. There was decreased strength with inversion. The injured worker previously received the following treatments Percocet 10-325mg since February 24, 2015, Celebrex 200mg on daily since February 24, 2015, Prilosec, heat, ice and gentle stretching and exercise which was tolerable without exacerbating pain. The RFA (request for authorization) dated October 8, 2015; the following treatments were requested prescriptions for Percocet 10-

325mg #90, Celebrex 200mg #30 with 3 refills and new prescription for Pennsaid 1.5% topical solution, 5 drops three times daily #1 with 3 refills for the left knee. The UR (utilization review board) denied certification on October 29, 2015; for prescriptions for Percocet 10-325mg #90 which was modified to #45, Celebrex 200mg #30 with 3 refills and new prescription for Pennsaid 1.5% cream #1 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms. ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: (a) If the patient has returned to work (b) If the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 10/8/15. Therefore the prescription is not medically necessary and the determination is not medically necessary.

Celebrex 200 mg Qty 30 with 3 refills: Upheld

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

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 70 NSAIDs specific drug list, states that Celecoxib (Celebrex) is for use with patients with signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. 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. In this case the exam notes from 10/8/15 do not demonstrate any evidence of osteoarthritis, rheumatoid arthritis or ankylosing spondylitis. There is not documentation of previous history of gastrointestinal complication. Therefore the prescription is not medically necessary and the determination is not medically necessary.

Pennsaid 1.5% cream, Qty 1 with 3 refills: 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): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to CA MTUS guidelines regarding the use of topical NSAIDs the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.