

<b>Case Number:</b>	CM15-0044902		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	01/18/2000
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Anesthesiology

### 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 61 year old male, who sustained an industrial injury on 1/18/00. The injured worker was diagnosed as having status post disc replacement, lumbar facet pain and lumbar degenerative disc disease with radiculopathy. Treatment to date has included lumbar frequency ablation, Hydrocodone, lumbar disc replacement and physical therapy. Currently, the injured worker complains of low back pain. No tenderness is noted on lumbar exam and minimal to no discomfort is noted with range of motion of lumbar area. The injured worker states he received 6 months of pain relief following lumbar radiofrequency ablation; recently he has had to increase his Hydrocodone. The treatment plan on the progress note dated 1/5/15 is for bilateral lumbar radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Carisoprodol 350mg #150 (DOS: 12/1/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29, 63.

**Decision rationale:** The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports showed any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for the requested medication was not established. The retrospective request for Carisoprodol was not medically necessary.

**Retrospective request for Hydrocodone/APAP 10/325mg #240 (DOS: 12/1/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to ODG and CA MTUS, Norco (Hydrocodone/Tylenol), is a short-acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there was no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication was not established. Of note, discontinuation of an opioid analgesic should have included include a taper, to avoid withdrawal symptoms. The retrospective request for Hydrocodone/APAP was not medically necessary.

**Retrospective request for Celebrex 200mg #60 (DOS: 12/1/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Celebrex.

**Decision rationale:** Celebrex (Celecoxib) is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. 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. In this case, there was no documentation of the medication's pain relief effectiveness or functional improvement, as compared to functionality using a non-prescription anti-inflammatory medication. The medical necessity of the requested medication was not established. The retrospective request for Celebrex was not medically necessary.

**Retrospective request for Hydrocodone/APAP 10/325mg #240 (DOS: 12/29/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to ODG and CA MTUS, Norco (Hydrocodone/Tylenol), is a short-acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there was no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication was not established. Of note, discontinuation of an opioid analgesic should have included include a taper, to avoid withdrawal symptoms. The retrospective request for Hydrocodone/APAP was not medically necessary.

**Retrospective request for Celecoxib 200mg #60 (DOS: 12/29/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Celebrex.

**Decision rationale:** Celebrex (Celecoxib) is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. 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. In this case, there was no documentation of the medication's pain relief effectiveness or functional improvement, as compared to functionality using a non-prescription anti-inflammatory medication. The medical necessity of the requested medication was not established. The retrospective request for Celebrex was not medically necessary.