

Case Number:	CM15-0084991		
Date Assigned:	05/07/2015	Date of Injury:	04/03/2000
Decision Date:	07/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/04/2015

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 53 year old male, who sustained an industrial/work injury on 4/3/00. He reported initial complaints of low back pain into the hip and left leg and neck and elbow pain. The injured worker was diagnosed as having backache, muscle spasm, cervicgia, and spinal enthesopathy, unspecified thoracic/lumbar neuritis. Treatment to date has included medications, diagnostics, and surgery (laminectomy). MRI results were reported on 10/31/08 demonstrated degenerative disc changes of the lower thoracic spine and entire lumbar spine, s/p laminectomy defect on the right at L4-5, multiple Schmorl's nodes, small joint effusions in the articular facets at L3-4 which may indicate an active arthropathy. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 12/22/08 that demonstrated right L4-L5 radiculopathy. Currently, the injured worker complains of sleep interruption due to back and neck pain rated 5-6/10. Per the primary physician's progress report (PR-2) on 2/13/15, examination revealed limitation with motion of the neck and back, tenderness on the lumbar area, soft tissue, and left thoracic paraspinal regions, deep tendon reflex is depressed and Achilles test is positive on the right. Current plan of care included continued medication, controlled substance agreement, and CURES check. The requested treatments include Retrospective Norco 10/325 mg, Celebrex, Flexeril, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325 mg #150 (2/13/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 2/13/15 progress report provided by the treating physician, this patient presents with pain in the neck/back rated 5-6/10 on VAS scale, with muscle spasms and difficulty sleeping. The treater has asked for RETRO NORCO 10/325MG #150 (2/13/15) on 2/13/15. The request for authorization was not included in provided reports. The patient has had prior lumbar surgery of unspecified type and unspecified date per 2/13/15 report. The patient's current medications are Flexeril, Celebrex, Norco, Ambien CR, Lovostatin, Metoprolol as of 2/13/15 report. The patient has been using an inversion table and Jacuzzi for his pain per 2/13/15 report. The patient is currently not working per 2/13/15 report and is permanent and stationer as of 9/16/11. 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. Norco has been included in patient's medications per treater reports dated 11/15/13 and 2/13/15. 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, ADLs, etc. No opioid pain agreement or CURES reports. There is a urine drug screen done on 11/15/13 but the results were not included in the reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Retrospective Celebrex 200 mg #30 1 refill (2/13/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 2/13/15 progress report provided by the treating physician, this patient presents with pain in the neck/back rated 5-6/10 on VAS scale, with muscle spasms and difficulty sleeping. The treater has asked for RETRO CELEBREX 200MG #30 (2/13/15) on 2/13/15. The request for authorization was not included in provided reports. The patient has had prior lumbar surgery of unspecified type and unspecified date per 2/13/15 report. The patient's current medications are Flexeril, Celebrex, Norco, Ambien CR, Lovostatin, Metoprolol as of

2/13/15 report. The patient has been using an inversion table and Jacuzzi for his pain per 2/13/15 report. The patient is currently not working per 2/13/15 report and is permanent and stationer as of 9/16/11. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient was taking Naproxen as of 11/15/13 report. On 12/5/14, the treater prescribed Anaprox to the patient. As of requesting 2/13/15 report, the patient is currently taking Celebrex. NSAIDs are indicated for first line treatment to reduce pain; however, Celebrex is not indicated for all patients per MTUS. In this case, the treater does not discuss how this medication is used and with what efficacy. Additionally, the treater does not discuss GI complications. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

Retrospective Flexeril 10 mg (2/13/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, anti-spasmodics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Flexeril Page(s): 63-66, 41-42.

Decision rationale: Based on the 2/13/15 progress report provided by the treating physician, this patient presents with pain in the neck/back rated 5-6/10 on VAS scale, with muscle spasms and difficulty sleeping. The treater has asked for RETRO FLEXERIL 10MG (2/13/15) on 2/13/15. The request for authorization was not included in provided reports. The patient has had prior lumbar surger of unspecified type and unspecified date per 2/13/15 report. The patient's current medications are Flexeril, Celebrex, Norco, Ambien CR, Lovostatin, Metaprolol as of 2/13/15 report. The patient has been using an inversion table and Jacuzzi for his pain per 2/13/15 report. The patient is currently not working per 2/13/15 report and is permanent and stationer as of 9/16/11. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Flexeril has been included in patient's medications per progress reports dated 11/15/13 and 2/13/15, and was additionally prescribed on 12/5/14. MTUS recommends Flexeril only for a short period (no more than 2-3 weeks), and it appears this patient has already been taking Flexeril for longer than the recommended duration. Furthermore, quantity has not been specified in the request. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Retrospective Ambien CR 12.5 mg #30 1 refill (2/13/15): 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), Mosby's drug consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Zolpidem - Ambien.

Decision rationale: Based on the 2/13/15 progress report provided by the treating physician, this patient presents with pain in the neck/back rated 5-6/10 on VAS scale, with muscle spasms and difficulty sleeping. The treater has asked for retro AMBIEN CR 12.5MG #30 1 REFILL (2/13/15) on 2/13/15. The request for authorization was not included in provided reports. The patient has had prior lumbar surgery of unspecified type and unspecified date per 2/13/15 report. The patient's current medications are Flexeril, Celebrex, Norco, Ambien CR, Lovostatin, Metoprolol as of 2/13/15 report. The patient has been using an inversion table and Jacuzzi for his pain per 2/13/15 report. The patient is currently not working per 2/13/15 report and is permanent and stationer as of 9/16/11. MTUS Guidelines do not specifically address Ambien, though ODG-TWC, Pain Chapter, Zolpidem -Ambien- Section states: "Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." In regard to the continuation of Ambien CR for this patient's insomnia secondary to pain, the requesting provider has exceeded guideline recommendations. The patient is currently taking Ambien as of 2/13/15. The treater also prescribed Ambien CR on 12/5/14 report. Progress notes indicate that this patient has been prescribed Ambien CR since 11/15/13, though there is no specific documentation of efficacy in the subsequent reports. ODG does not support the use of this medication for longer than 24 weeks. It appears the patient has been taking this medication for longer than the duration allowed by ODG guidelines. Therefore, the request IS NOT medically necessary.