

Case Number:	CM14-0125497		
Date Assigned:	08/11/2014	Date of Injury:	07/30/2010
Decision Date:	09/19/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 32 year old male who was injured on 09/17/2010. The mechanism of injury is unknown. Prior medication history included buspirone, Cymbalta, and Abilify, Nexium, Famotidine, Lidoderm, Lomitol and Zolpidem. Progress report dated 06/17/2014 states the patient complained of low back pain radiating down to the right lower extremity. He has pain in the cervical spine with associated headaches. He reported his symptoms are aggravated with cervical flexion or rotation. He noted he continues to have GI discomfort from the medication. He is noted to be taking Norco 10/325 mg; Celebrex 200 mg for anti-inflammatory effects; Lyrica 75 mg for neuropathic pain in the right lower extremity. He rated his pain as a 7/10 with medication and 10/10 without medication. He reported 30% functional improvement as well as improvement in pain with his medications such as ability to sit, stand and walk without difficulty. The patient had poor pain control. He was asking for an increase from Norco TID to QID. On exam, there is moderate bilateral lumbar paraspinous tenderness with 1+ palpable muscle spasm present. Lumbar range of motion revealed flexion to 20 degrees; extension to 5 degrees; right lateral flexion is 5 degrees; and left lateral flexion to 5 degrees. Straight leg raise is positive on the right at 30 degrees. The patient is diagnosed with lumbar spine strain/sprain with L4-L5 and L5-S1 3-4 mm disc protrusion with posterior annular tear; right lower extremity radicular pain; and chronic depression, industrial causation. Prior utilization review dated 07/07/2014 by [REDACTED] states the request for Celebrex 200MG #30 REFILL #0 is denied as it is not recommended; Ketoprofen/Gabapentin/Lidocaine #120 Refill #0 is denied as it is not recommended; and Norco 10/325MG #120 Refill #0 is denied as there is no documented functional improvement. Note during phone conversation, [REDACTED] reports improved 30% function and pain with medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200MG #30 REFILL #0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs Page(s): 67-68,70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): page (s) 67-73.

Decision rationale: According to guidelines, NSAIDs are recommended as an option for short-term symptomatic relief and they are indicated for acute mild to moderate pain. Patient takes Celebrex and reports GI upset. Other NSAIDs or pain medications of different mechanism can be used to provide pain relief without the GI upset. In addition, it appears the patient has been taking Celebrex on a chronic basis. The medical necessity of this request is not established.

Ketoprofen/Gabapentin/Lidocaine #120 Refill #0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines Criteria for Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not recommended as it is not FDA approved for topical use. Additionally, it is noted that the CA MTUS state that the use of topical medication in the treatment of chronic pain is largely experimental. The use of this compounded topical medication would not be indicated. Therefore, the medical necessity is not established.

Norco 10/325MG #120 Refill #0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96. Decision based on Non-MTUS Citation ODG), Pain, Opioids.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for

neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. The patient is asking for an increase of Norco from TID to QID. This may be a sign of dependence. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like nortriptyline, SNRI antidepressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Patient had taken Cymbalta, Lyrica and Abilify, but optimization of current dose and addition of nortriptyline can still be used to help with neuropathic pain and opioid weaning. Therefore, the medical necessity is not established. Weaning is advised to avoid withdrawal symptoms.