

Case Number:	CM14-0161485		
Date Assigned:	10/06/2014	Date of Injury:	07/30/2004
Decision Date:	10/30/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/01/2014

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, has a subspecialty in Interventional Spine 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 45 year old male with an injury date of 07/30/04. Based on the 08/26/14 progress report provided by [REDACTED], the patient complains of moderate back pain and bilateral lower extremity pain dating back to 07/30/04. He is status post L3-S1 posterior spinal fusion, interbody arthrodesis 05/05/08 and several prior lumbar operations. He failed a spinal cord stimulation trial 07/08/10. The Intrathecal pump installation, 09/06/12 due to chronic, severe and intractable pain. Physical examination to the lumbosacral spine reveals decreased and painful range of motion and flexion 20 degrees and 5 degrees on all other planes. Per progress report dated 08/26/14, the patient came for Hydromorphone refill and pump reprogramming. The patient's activities of daily living are reflective of a total pain-related impairment score of 56, which places him in a moderately severe impairment category. Based on supplied table, individual can perform ADL only with substantial modifications, unable to perform many routines like driving a car. The physician states Raw data is in the patient's chart and available upon request. The patient urinalysis result attests compliance. He falls in the medium risk category for current opioid risk status. The physician's goal is to proceed with intrathecal monotherapy only without utilization of adjunctive oral opioids, however the weaning process is challenging due to the element of addiction. Patient receives medication to control pain on a maintenance basis. Current medications include Celebrex, Hydrocodone and Prilosec. The patient has been permanent and stationary per AME report dated 06/22/09. Diagnosis 08/26/14- post laminectomy syndrome, lumbar- lumbosacral radiculitisThe utilization review determination being challenged is dated 10/01/14. The rationale follows:1) Celebrex 200mg #60 3 refills: "lack of documentation regarding therapeutic and functional benefits..."2) Hydrocodone APAP 10/325 #180 3 refills: "partially certified. Continue to wean. Patient

functional deficits not indicated..."3) Prilosec 40mg #30 3 refills: "patient does not have risk of gastrointestinal events..." [REDACTED] is the requesting provider, and he provided treatment reports from 10/22/13 - 08/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, Page(s): page 22.

Decision rationale: The patient presents with moderate back pain and bilateral lower extremity pain dating back to 07/30/04. The request is for Celebrex 200mg #60 3 refills. The patient is status post L3-S1 posterior spinal fusion, interbody arthrodesis 05/05/08 and several prior lumbar operations. He failed a spinal cord stimulation trial 07/08/10. He had an Intrathecal pump installed on 09/06/12 due to chronic, severe and intractable pain. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. Per progress report dated 08/26/14, patient receives medication to control pain on a maintenance basis. Celebrex is included in his list of medications. The request meets MTUS indication; therefore the request is medically necessary.

Hydrocodone APAP 10/325 #180 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines CRITERIA FOR USE OF OPIOIDS (MTUS),CRITERIA FOR USE O.

Decision rationale: The 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. In this case, treater assessed pain with a total pain-related impairment score. However, the four A's are only partially addressed. While treater discussed adverse behavior with urinalysis and compliance, stated that patient falls in the medium risk category, and stated the difficulty in weaning; there are no specific ADL improvements mentioned, nor discussion of adverse side effects. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Prilosec 40mb #30 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS states "NSAIDs, GI symptoms and cardiovascular risk Page(s): pg 69.

Decision rationale: The MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." MTUS also states for prophylactic use, GI assessment must be provided including age >65, history of peptic ulcer disease, bleeding ulcers, gastritis, or concurrent use of anticoagulants, or high dose NSAIDs, concurrent use of ASA, etc. Per progress report dated 08/26/14, Prilosec and Celebrex (NSAID) are included in patient's medication list. The physician states that the patient receives medications to control pain on a maintenance basis. There is no mention of gastrointestinal issues documented or reported by patient, which indicates prophylactic use. For prophylactic use, the physician must provide documentation of GI risk assessment. The request is not medically necessary.