

<b>Case Number:</b>	CM14-0102253		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/25/1998
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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. 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 69 year old female, who sustained an industrial injury on 3/25/1998. Diagnoses include cervical discopathy, thoracic discopathy, lumbar discopathy, status post right shoulder arthroscopic subacromial decompression and Mumford procedure and rotator cuff debridement, left shoulder status post arthroscopic biceps tenodesis, subscapularis and debridement, open acromial decompression, Mumford procedure and rotator cuff repair, status post trigger digit release long and ring finger status post left thumb, left little finger and left ring trigger finger release, left knee status post arthroscopic partial medial menisectomy and chondroplasties of the medial patellofemoral joint, right knee degenerative arthrosis, status post left ankle sprain and left hip trochanteric bursitis. Treatment to date has included medications including Ultracet, Celebrex and Lidoderm patch, lumbar and cervical spine epidural steroid injections and multiple surgical interventions. Per the Primary Treating Physician's Progress Report dated 5/08/2014 the injured worker reported constant bilateral knee pain left greater than right and lumbar pain. Physical examination revealed palpable tenderness to the entire cervical spine with greater pain emphasis on the right side of the neck and decreased range of motion. Upper extremity evaluation revealed palpable tenderness in the carpometacarpal joint region bilaterally. The plan of care included, and authorization was requested for a referral to a spine specialist, Celebrex 200mg #60, Ultracet 37.5/325mg #60 and Lidoderm patches 5% #1. The patient has had MRI of the cervical spine on 8/19/13 that revealed disc bulge with foraminal narrowing, and facet hypertrophy. The medication list includes Ultracet, Celebrex.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Prescription for Ultracet 37.5/325mg, #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

**Decision rationale:** Prescription for Ultracet 37.5/325mg, #60. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. Diagnoses include cervical discopathy, thoracic discopathy, lumbar discopathy, status post right shoulder arthroscopic subacromial decompression and Mumford procedure and rotator cuff debridement, left shoulder status post arthroscopic biceps tenodesis, subscapularis and debridement, open acromial decompression, Mumford procedure and rotator cuff repair, status post trigger digit release long and ring finger status post left thumb, left little finger and left ring trigger finger release, left knee status post arthroscopic partial medial meniscectomy and chondroplasties of the medial patellofemoral joint, right knee degenerative arthrosis, status post left ankle sprain and left hip trochanteric bursitis. The patient had received lumbar and cervical spine epidural steroid injections and multiple surgical interventions. The patient has had constant bilateral knee pain left greater than right and lumbar pain. Physical examination revealed palpable tenderness to the entire cervical spine with greater pain emphasis on the right side of the neck and decreased range of motion. Upper extremity evaluation revealed palpable tenderness in the carpometacarpal joint region bilaterally. The patient has had MRI of the cervical spine on 8/19/13 that revealed disc bulge with foraminal narrowing, and facet hypertrophy. Patient is already taking a NSAID. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Prescription for Ultracet 37.5/325mg, #60 is deemed as medically appropriate and necessary.

### **1 Prescription for Lidoderm patches 5%, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm ( Lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 111- 112, Topical Analgesics Lidoderm (lidocaine patch) page 56-57.

**Decision rationale:** Prescription for Lidoderm patches 5%, #1. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of the request for Prescription for Lidoderm patches 5%, #1 is not fully established for this patient.

### **1 Prescription for Celebrex 200mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function; & NSAIDs, GI Symptoms and Cardiovascular Risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page 22 Celebrex Page 30.

**Decision rationale:** Prescription for Celebrex 200mg, #60. Celebrex contains Celecoxib which is a non steroidal 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. According to CA MTUS chronic pain medical treatment guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) 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, rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen."According to the cited guidelines Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. Response to usual non selective NSAIDs is not specified in the records provided. In addition, per the cited guidelines 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. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. The medical necessity of the request for Prescription for Celebrex 200mg, #60 is not fully established in this patient.