

Case Number:	CM14-0201022		
Date Assigned:	12/11/2014	Date of Injury:	09/01/1997
Decision Date:	03/04/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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 patient is a 58 year old male with an injury date of 09/01/97. The 11/06/14 progress report states that the patient presents with increased lower back pain due in part to increased hip pain. Pain with medications is 7/10 and without 8.5/10. Examination of the lumbar spine shows tenderness on palpation of the paravertebral muscles with hypertonicity and tenderness on both sides. Straight leg raise is positive on the left and there is tenderness over the sacroiliac spine. There is trigger point with radiating pain and twitch response on palpation at the lumbar paraspinal muscles right and left as well as decreased light touch to the left lateral calf/thigh. The patient's diagnoses include: 1. Post lumbar laminectomy syndrome 2. Lumbar radiculopathy 3. Encounter for long-term use of other medications. The patient is status post TPI on 06/18/14 with 50% decrease in pain and is scheduled for right TKA with [REDACTED] on 01/19/15. The patient utilizes "SCS" during the night and finds it very helpful. Current medications are listed as Nortriptyline, Lunesta, Lyrica, Wellbutrin, Celebrex, Flector 1.3% patch, Norco and Tricor. The utilization review is dated 11/18/14. Reports were provided for review from 10/07/13 to 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Medications for chronic pain Page(s): 22; 60.

Decision rationale: The patient presents with increased lower back pain due in part to hip pain. The patient is scheduled for right TKA January 2015. The current request is for Celebrex 200 mg #30 with 3 refills. The RFA for this request is not provided; however, the 11/18/14 utilization review states the RFA is dated 11/13/14. 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, Medications for chronic pain, page 60 states, "A record of pain and function with the medication should be recorded." The reports provided show the patient has been prescribed this medication since before 07/17/14. On 07/17/14 the treater states that the patient has not used Celebrex yet and it was prescribed as Ibuprofen caused heartburn. The reports show Ibuprofen was prescribed as of 10/07/13 and restarted on 05/22/14. The treater does not discuss Celebrex after 07/17/14. In this case, the requested medication is indicated for the lower back pain that is present in this patient and the patient failed use of Ibuprofen due to GI issues. The treater makes a general statement about the patient's medication regimen helping function and ADL's; however, the reports do not state whether or not this medication helps the patient in reports provided from 07/17/14 to 11/16/14. MTUS, Medications for chronic pain, page 60 states, "A record of pain and function with the medication should be recorded." The request IS NOT medically necessary.

Flector patch 1.3 % #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: The patient presents with increased lower back pain due in part to hip pain. The patient is scheduled for right TKA January 2015. The current request is for Flector patch 1.3 % #30 with 3 refills. The RFA included is dated 09/15/14. The 11/18/14 utilization review states the date of the RFA is 11/13/14. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. MTUS, Medications for chronic pain, page 60 states, "A record of pain and function with the medication should be recorded." The reports show the patient has been prescribed this medication since 07/17/14. The treater does not discuss the intended use of this medication. Discussion does show that the patient is scheduled for right knee TKA; however, no objective

findings are provided for the knee. The reports do not state whether or not this medications helps the patient's knee. MTUS, Medications for chronic pain, page 60 states that a record of pain and function should be recorded. The request IS NOT medically necessary.

Norco 10/325mg #45 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 60,61;76-78;88-89.

Decision rationale: This patient presents with increased lower back pain due, in part, to hip pain. The patient was scheduled for a right TKA in January 2015. The current request is for Norco 10/325 mg #45 with 1 refill. For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. Review of the medical file indicates the patient has been utilizing Norco since at least 12/05/2013. According to progress report dated 01/30/2014, the patient's pain level has increased but reports no new problems or side effects. It was noted that the combination of his pain medication reduces his pain from 9/10 to 2-3/10. With the help of medications, he can do chores around the house like cooking, laundry, and some cleaning. The patient is also able to exercise and walk. According to progress report dated 05/22/2014, the patient has had multiple urine toxicologies, which have been consistent with the medications prescribed. The patient is stable on current medication regimen, which has not changed in greater than 6 months. Pain agreement was briefly reviewed with the patient. The patient shows no evidence of developing medication dependence. According to progress report 07/17/2014, the patient continues with medications, which decreased his pain from average 9/10 to 2/10. The patient continues with pain symptoms on a continuous basis, but pain is alleviated by current medications. The patient continues to be able to exercise, walk, and do some chores around the house like cooking, laundry, and some cleaning. In this case, the treating physician has provided adequate documentation for continued opiate management. Given this medication's efficacy and the treating physician's documentation of the 4 A's as required by MTUS, the requested Norco is medically necessary.