

Case Number:	CM14-0214146		
Date Assigned:	01/07/2015	Date of Injury:	02/28/1995
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/22/2014

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 59 year old female with an injury date of 02/26/95. Based on the 11/21/14 progress report provided by treating physician, the patient complains of pain and muscle spasms in the trapezius muscle and side of the neck with neuropathic symptoms into her right upper extremity. The patient has cervical post-laminectomy syndrome and has been benefiting from spinal cord stimulator dating back to 2002, however the spinal cord stimulator expired and patient has not been able to get medications the last 4 or 5 months. Physical examination to the cervical spine on 11/21/14 revealed tenderness to palpation along the posterior cervical musculature on the right and medial scapular region. The patient has 30% decreased range of motion of the right shoulder when compared to the left. Sensory examination is decreased along the posterior lateral arm and medial forearm down to the fourth and fifth digit. Decreased motor strength to the right when compared to the left. Prozac was prescribed in progress reports dated 05/02/14 and 11/21/14. Celebrex, Skelaxin, Prilosec and Norco were prescribed in progress reports dated 01/21/14, 05/02/14 and 11/21/14. Treater states in progress report dated 11/21/14 that the patient "does not tolerate NSAID's other than Celebrex." Anaprox, Fexmid were prescribed in progress report dated 01/02/14. The medication regimen with analgesics and the muscle relaxant Skelaxin helps the patient function throughout the day. The patient gets "medication induced gastritis issues for which she requires Prilosec bid especially since she is unable to use topical analgesic cream." Prilosec is being prescribed for GI protection, as this patient has several MTUS risk factors; age, NSAID's, chronic pain and stress, poor eating habits and nutrition, some alcohol and smoking use. Treater states "we routinely review, and the

patient must demonstrate, improved functional restoration, ADL's, sleep pattern, elevated mood, quality of life and ability to RTW in order to continue each medication... ". The patient is routinely monitored for "high risk" behavior with random urine drug screens (UDT), CURES review, and the patient has a signed opioid treatment contract. Patient's urine sample, per treater report dated 11/21/14 showed results were consistent with patient's medication regimen. Per progress report dated 11/21/14, the patient has palpable trigger points with focal tenderness along the posterior cervical and trapezius musculature, therefore she receives occasional injections to maintain function and to help decrease medication use. Per treater report dated 06/13/06, patient has been off work since January 1999. Diagnosis 01/02/14, 05/02/14 cervical postlaminectomy syndrome, status post anterior cervical discectomy and fusion C4-5, C5-6, and C6-7, 2001- right upper extremity radiculopathy, status post spinal cord stimulator placement, 2002, Medtronic's Quad, non-functioning, with revision May 2010- [REDACTED], Cervical spinal cord stimulator placement, 10/13/11. The utilization review determination being challenged is dated 12/01/14. Treatment reports were provided from 01/02/14 - 11/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107, 13-1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prozac (Fluoxetine). Page(s): 13-15.

Decision rationale: The patient presents with pain and muscle spasms in the trapezius muscle and side of the neck, with neuropathic symptoms into her right upper extremity. The request is for PROZAC #120. Per progress report dated 11/21/14, the patient has been benefiting from spinal cord stimulator dating back to 2002, however the spinal cord stimulator expired and patient has not been able to get medications the last 4 or 5 months. Celebrex, Skelaxin, Prilosec and Norco were prescribed in progress reports dated 01/21/14, 05/02/14 and 11/21/14. Per progress report dated 11/21/14, the patient has palpable trigger points with focal tenderness along the posterior cervical and trapezius musculature, therefore she receives occasional injections to maintain function and to help decrease medication use. Per treater report dated 06/13/06, patient has been off work since January 1999. Regarding Prozac (Fluoxetine), MTUS page 13-15 states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain... Selective Serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004)." Patient is status post anterior cervical discectomy and fusion C4-5, C5-6, and C6-7, 2001 and has a diagnosis of right upper extremity radiculopathy and postlaminectomy syndrome. Prozac was prescribed in progress reports dated 05/02/14 and 11/21/14. Per progress report dated 11/21/14, treater states "we routinely review, and the patient must demonstrate, improved functional restoration, ADL's, sleep pattern, elevated mood, quality of life and ability

to RTW in order to continue each medication... ". The patient presents with neuropathic pain, for which Prozac is indicated, and treater has documented functional benefit. Therefore, the request IS medically necessary.

Celebrex 200mg, #60 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories.

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

Decision rationale: The patient presents with pain and muscle spasms in the trapezius muscle and side of the neck, with neuropathic symptoms into her right upper extremity. The request is for CELEBREX 200MG #60 5 REFILLS. Patient is status post anterior cervical discectomy and fusion C4-5, C5-6, and C6-7, 2001 and has a diagnosis of right upper extremity radiculopathy. Per progress report dated 11/21/14, the patient has been benefiting from spinal cord stimulator dating back to 2002, however the spinal cord stimulator expired and patient has not been able to get medications the last 4 or 5 months. Celebrex, Skelaxin, Prilosec and Norco were prescribed in progress reports dated 01/21/14, 05/02/14 and 11/21/14. Per progress report dated 11/21/14, the patient has palpable trigger points with focal tenderness along the posterior cervical and trapezius musculature, therefore she receives occasional injections to maintain function and to help decrease medication use. Per treater report dated 06/13/06, patient has been off work since January 1999. 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. Celebrex was included in patient's medications, per progress report dated 01/21/14. Treater states in progress report dated 11/21/14 that the patient "does not tolerate NSAID's other than Celebrex." Anaprox was prescribed in progress report dated 01/02/14. Treater states that "the medication regimen with analgesics and the muscle relaxant Skelaxin helps the patient function throughout the day." The patient gets "medication induced gastritis issues for which she requires Prilosec bid especially since she is unable to use topical analgesic cream." Treater states "we routinely review, and the patient must demonstrate, improved functional restoration, ADL's, sleep pattern, elevated mood, quality of life and ability to RTW in order to continue each medication...". Treater has discussed GI issues, and documented patient has trialed other NSAID's, and functional benefit with the current medication regimen. The request meets guideline indications. Therefore, Celebrex IS medically necessary.

Skelaxin #90 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Skelaxin.

Decision rationale: The patient presents with pain and muscle spasms in the trapezius muscle and side of the neck with neuropathic symptoms into her right upper extremity. The request is for SKELAXIN #90 5 REFILLS. Patient is status post anterior cervical discectomy and fusion C4-5, C5-6, and C6-7, 2001 and has a diagnosis of right upper extremity radiculopathy. Per progress report dated 11/21/14, the patient has been benefiting from spinal cord stimulator dating back to 2002, however the spinal cord stimulator expired and patient has not been able to get medications the last 4 or 5 months. Celebrex, Skelaxin, Prilosec and Norco were prescribed in progress reports dated 01/21/14, 05/02/14 and 11/21/14. Per progress report dated 11/21/14, the patient has palpable trigger points with focal tenderness along the posterior cervical and trapezius musculature, therefore she receives occasional injections to maintain function and to help decrease medication use. Per treater report dated 06/13/06, patient has been off work since January 1999. 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 exacerbations 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." For skelaxin, MTUS p61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." Per progress report dated 11/21/14, treater states that 'the medication regimen with analgesics and the muscle relaxant Skelaxin helps the patient function throughout the day.' Skelaxin was prescribed in progress reports dated 01/21/14, 05/02/14 and 11/21/14. MTUS recommends Skelaxin for short-term use. Furthermore, the current request for quantity 90 with 5 refills does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Prilosec 20mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI (proton pump inhibitor) Page(s): 68.

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

Decision rationale: The patient presents with pain and muscle spasms in the trapezius muscle and side of the neck with neuropathic symptoms into her right upper extremity. The request is for PRILOSEC 20MG #120. Patient is status post anterior cervical discectomy and fusion C4-5, C5-6, and C6-7, 2001 and has a diagnosis of right upper extremity radiculopathy. Per progress report dated 11/21/14, the patient has been benefiting from spinal cord stimulator dating back to 2002, however the spinal cord stimulator expired and patient has not been able to get medications the last 4 or 5 months. Celebrex, Skelaxin, Prilosec and Norco were prescribed in progress reports dated 01/21/14, 05/02/14 and 11/21/14. Per progress report dated 11/21/14, the patient has palpable trigger points with focal tenderness along the posterior cervical and

trapezius musculature, therefore she receives occasional injections to maintain function and to help decrease medication use. Per treater report dated 06/13/06, patient has been off work since January 1999. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg. 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." Per progress report dated 11/21/14, the patient gets "medication induced gastritis issues for which she requires Prilosec bid especially since she is unable to use topical analgesic cream." Prilosec is being prescribed for GI protection, as this patient has several MTUS risk factors; age, NSAID's, chronic pain and stress, poor eating habits and nutrition, some alcohol and smoking use. Treater states "we routinely review, and the patient must demonstrate, improved functional restoration, ADL's, sleep pattern, elevated mood, quality of life and ability to RTW in order to continue each medication... ". Prophylactic use of PPI is indicated by MTUS, when appropriate risk is documented. Treater has discussed GI risk and patient is on taking Celebrex. Therefore, the request for Prilosec IS medically necessary.

Norco 10/325, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids and Medications for chronic pain Page(s): 88, 89, 76-78, 60-61.

Decision rationale: The patient presents with pain and muscle spasms in the trapezius muscle and side of the neck with neuropathic symptoms into her right upper extremity. The request is for NORCO 10/325 #60. Patient is status post anterior cervical discectomy and fusion C4-5, C5-6, and C6-7, 2001 and has a diagnosis of right upper extremity radiculopathy. Per progress report dated 11/21/14, the patient has been benefiting from spinal cord stimulator dating back to 2002, however the spinal cord stimulator expired and patient has not been able to get medications the last 4 or 5 months. Celebrex, Skelaxin, Prilosec and Norco were prescribed in progress reports dated 01/21/14, 05/02/14 and 11/21/14. The patient is routinely monitored for "high risk" behavior with random urine drug screens (UDT), CURES review, and the patient has a signed opioid treatment contract. Patient's urine sample, per treater report dated 11/21/14 showed results were consistent with patient's medication regimen. Per progress report dated 11/21/14, the patient has palpable trigger points with focal tenderness along the posterior cervical and trapezius musculature, therefore she receives occasional injections to maintain function and to help decrease medication use. Per treater report dated 06/13/06, patient has been off work since January 1999. 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. Treater states "we routinely review, and the patient must demonstrate, improved functional restoration, ADL's, sleep pattern, elevated

mood, quality of life and ability to RTW in order to continue each medication... “. Treater does not discuss in detail what functional benefits the patient has had; and there are no discussions of how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Patient is under narcotic contract and urine drug screens have been appropriate, which addresses aberrant drug seeking behavior; but there are no numerical scales or validated instruments to address analgesia; and no mention of adverse effects. There is no return to work or change in work status discussed, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.