

<b>Case Number:</b>	CM14-0215389		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, myofascial pain syndrome, and neck pain reportedly associated with an industrial injury of September 29, 2011. In a Utilization Review Report dated December 11, 2014, the claims administrator failed to approve request for Celebrex, Nucynta, Percocet, baclofen, and Lyrica. The claims administrator referenced progress notes between June 19, 2014 and December 5, 2014 in its determination. The applicants attorney subsequently appealed. In a progress note dated December 4, 2014, the applicant reported persistent complaints of low back pain, 5/10 neck, low back, and hand pain. The applicant reported poor sleep quality. The applicant was off of work, on total temporary disability, it was acknowledged in one section of the note. The applicant was on baclofen, Celebrex, Percocet, Nucynta, and Lyrica, it was acknowledged. Celebrex, Nucynta, Percocet, baclofen, and Lyrica were ultimately renewed. The attending provider suggested that the applicant pursue a repeat epidural steroid injection while remaining off of work. The attending provider suggested that the applicants medications were helpful but did not elaborate further. The attending provider acknowledged that the applicant was receiving disability benefits in addition to Workers' Compensation indemnity benefits. The attending provider noted that the applicants gastrointestinal review of systems was negative for any GI issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** 1. The request for Celebrex, a COX-2 inhibitor was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are recommended if an applicant has a history of GI complications with non-selective agents such as Motrin or naproxen, in this case, however, the December 4, 2014 progress note in which the attending provider renewed Percocet contained no references to any GI issues. Rather, the attending provider suggested that the applicant had a negative gastrointestinal review of systems on that date. Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that Celebrex is not indicated for the majority of applicants but, rather, should be reserved for those individuals who have a history of GI complications. Here, there does not appear to be such a history. Therefore, the request was not medically necessary.

**Nucynta ER 200mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** 2. The request for Nucynta extended release, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, it is acknowledged on the December 4, 2014 progress note. The applicant was reporting difficulty with activities of daily living as basic as sleeping. While the attending provider stated that the applicants medications were helpful, the attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing opioid usage, including ongoing Nucynta usage. Therefore, the request was not medically necessary.

**Percocet 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** 3. Similarly, the request for Percocet, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. The applicant was off of work as of December 4, 2014 progress note at issue. On that date, the attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.

**Baclofen 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** 4. Finally, the request for baclofen, an antispasmodic, was likewise not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledged that baclofen is recommended orally for the treatment of spasticity and muscle spasms associated with multiple sclerosis and/or spinal cord injuries but can be employed off label for neuropathic pain as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work, as of December 4, 2014. Ongoing usage of baclofen has failed to curtail the applicants dependence on opioid agents such as Percocet and Nucynta. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.