

Case Number:	CM14-0216046		
Date Assigned:	01/06/2015	Date of Injury:	01/15/1993
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	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:
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 50-year-old female with a date of injury of 01/15/1993. According to progress report dated 11/21/2014, the patient presents with chronic neck and low back pain. The patient is status post left hip replacement and revision, postsurgical staph infection from 2009 to 2013, right knee arthroscopic procedure in 1990, gallbladder removal in 2012, lumbar spine arthroscopic laminectomy in 1990, bilateral carpal tunnel release in 1990 and multiple hernia repairs in 2013. The patient states that pain level with medication is average 6-8/10 and without medication 10/10. She states that medications are beneficial and reduces her pain by 30% to 50% with no side effects. The patient reports that the benefit of chronic pain medication regimen, activity restriction, and rest continued to help keep her pain within manageable level so that she can complete necessary activities including walking and taking care of her animals. Examination of the cervical spine reveals mild tenderness and tightness in the posterior cervical area and interscalene aspects. There is decreased range of motion noted. Examination of the lumbar spine revealed tenderness across the lumbosacral area and SIJ areas. There is 50% reduction of extension with pain and flexion is 10% restricted with tenderness. There is a positive straight leg raise which elicits pain. The listed diagnoses are: 1. Cervical degenerative disk disease. 2. Cervical radiculopathy down bilateral arms. 3. Cervical facet osteoarthritis. 4. Failed low back surgery syndrome. 5. Lumbar spinal stenosis at L4-L5 and L3-L4. 6. Diffuse lumbar

facet osteoarthritis. 7. Hip pain status post multiple hip surgeries and replacement on the left. 8. Right carpal tunnel syndrome. Treatment plan is for patient to continue with heat, ice, rest, gentle stretching, and refill of medications. The utilization review denied the request on 12/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 30, 64, 68-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for medication Celebrex 200 mg b.i.d., quantity: #60. The MTUS Guidelines, page 22, support NSAID 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. In this case, there is no evidence that the patient has trialed other NSAID. The patient's injury dates back from 1993 and there may be adequate trial of various NSAIDs. The use of Celebrex may be appropriate in this patient given the patient's chronic LBP and the treating physician's statement that current medications including Celebrex provide 30% to 50% decrease in pain. The requested Celebrex IS MEDICALLY NECESSARY.

MS Contin 15 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for medication narcotic MS Contin 15 mg: b.i.d. quantity: #60. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates the patient has been utilizing this medication since at least 05/21/2014. On 07/18/2014, the treating physician noted that current medications are beneficial and helps to manage her pain level and allows her to complete necessary activities of daily living. According to report dated 09/19/2014, medications reduce pain by 30% to 50%. According to progress report dated

11/21/2014, with pain medications, pain is rated as 6-8/10 and without medications 10/10. It was noted that pain is reduced on average 40% with no noted side effects. The patient was able to participate in activities of daily living such as walking and taking care of animals with medications. In this case, it appears the medications provide some decrease in pain; however, recommendation for further use cannot be made as the treating physician has not addressed all the 4 A's as required by MTUS for opiate management. There are no discussion regarding possible aberrant behaviors and urine toxicology screenings have not been provided to monitor for medication compliance. The treating physician has failed to provide the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested MS Contin IS NOT medically necessary.

Flexeril 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for medication: Flexeril 10mg: BID quantity: #60. The MTUS Guidelines page 63-66 states, muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exasperation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Review of the medical file indicates the patient has been utilizing Flexeril as early as 05/21/2014. MTUS Guidelines support the use of Flexeril for short course of therapy and not longer than 2 to 3 weeks. The requested Flexeril IS NOT medically necessary.