

<b>Case Number:</b>	CM14-0092812		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/08/2004
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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:

This 62 year old woman sustained an industrial injury on 10/8/2004. The mechanism of injury is not detailed. Diagnoses include lumbar spine disc bulge. Treatment has included oral and topical medications, home exercise program, multiple transforaminal epidural steroid injections in 2012 and recent epidural steroid injection in May 2014. Progress note from May 2012 notes use of duragesic, Vicodin, and Percocet. Progress note from July 2012 documented that the injured worker was retired as of 2004; work status was noted as permanent and stationary. Voltaren gel was noted to be prescribed in August 2012 and Celebrex was noted to be prescribed in November 2012. Some progress notes mention laboratory studies performed by another physician. No blood pressure monitoring was documented. A urine drug screen in February 2014 was noted, on the date of an office visit. In March 2014, the documentation from the physician notes that Voltaren gel was applied to the back. In May 2014, continued use of Percocet, duragesic, Celebrex, and Voltaren gel was noted. The injured worker reported increase in back pain, which was rated 8/10 in severity with radiating bilateral leg pain. Epidural steroid injections were subsequently performed. Physician notes dated 6/2/2014 show improved low back pain rated 4/10 in severity with 40% reduction in pain following the recent epidural steroid injections; the injured worker denies radiating pain, numbness, or weakness. Recommendations include continuation of Duragesic, Celebrex, Percocet, and Voltaren gel, urine drug screen, and follow up in one month. On 6/6/14, Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67-73.

**Decision rationale:** This injured worker has chronic low back pain. Celebrex has been prescribed since November 2012, for more than one year. Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. No blood pressure readings were documented; laboratory studies performed by another physician were mentioned but no specific results of testing of renal or liver function were submitted. The MTUS states that COX-2 inhibitors (e.g. Celebrex) may be considered for patients with risk of gastrointestinal (GI) complications, and not for the majority of other patients. There was no documentation that this injured worker was at increased risk of GI complications. The treating physician is prescribing oral and transdermal NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. There was no documentation of functional improvement as a result of use of NSAIDs. The injured worker was not working and was noted to be retired; there was no discussion of improvements in activities of daily living, and no documentation of decrease in medication use or decrease in frequency of office visits. Due to length of use in excess of the guidelines, lack of functional improvement, lack of documentation of increased GI risk, and potential for toxicity, the request for celebrex is not medically necessary.

**Percocet 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-96.

**Decision rationale:** This injured worker has chronic back pain. Percocet has been prescribed since at least May 2012, for more than one year. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no discussion of functional goals. The injured worker was not working and was noted to be retired, there was no discussion of improvements in activities of daily living, and no documentation of decrease in medication use or decrease in frequency of office visits. An opioid contract was not discussed. One urine drug test was noted, in February 2014; this was performed on the date of an office visit and not at random as recommended by the guidelines. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain as a result of use of medication; some improvement in pain after the recent epidural steroid injections were noted. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, Percocet does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Voltaren gel 1g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical anagesics Page(s): 111-113.

**Decision rationale:** Topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. Topical nonsteroidals are not recommended for neuropathic pain. The MTUS lists Voltaren gel 1% as FDA- approved. Voltaren gel has been prescribed since August of 2012, for more than one year. There was no documentation of functional improvement as a result of use of Voltaren gel. The injured worker was not working and was noted to be retired; there was no discussion of improvements in activities of daily living, and no documentation of decrease in medication use or decrease in frequency of office visits. This injured worker has chronic back pain, and the documentation notes that Voltaren gel is applied to the back, which is not a recommended site of use per the guidelines. There was no documentation of presence of osteoarthritis or tendinitis. The treating physician is prescribing oral and transdermal NSAIDS. This is duplicative, potentially toxic, and excessive, as topical NSAIDS are absorbed systemically. Due to lack of

specific indication, lack of functional improvement and potential for toxicity, the request for Voltaren gel is not medically necessary.

### **1 Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines steps to avoid misuse of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Opiates, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

**Decision rationale:** Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. This injured worker has chronic back pain and opioids have been prescribed for more than one year. There was no documentation of risk stratification for aberrant behavior, which would be necessary to determine the frequency of urine drug testing. A urine drug screen was performed in February 2014. Urine drug screen was requested again in June 2014. This frequency of testing would be indicated for individuals at moderate risk for addiction;/aberrant behavior; this level of risk was not documented for this injured worker. Due to lack of documentation of moderate risk for addiction or aberrant behavior to warrant another urine drug screen four months after the prior testing, the request for 1 Urine Drug Screen is not medically necessary.