

Case Number:	CM15-0012062		
Date Assigned:	01/29/2015	Date of Injury:	08/19/2004
Decision Date:	03/24/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/21/2015

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 72 year-old male has reported low back pain after an injury on 8/19/04. Diagnoses include degenerative disc disorder and lumbago. Prior treatments include transcutaneous electrical nerve stimulation (TENS), acupuncture, epidural injections, and medications, including Celebrex, Norco and Butrans. The most recent urine drug screen noted in the records was from 2013; no actual results were presented for this test. Primary treating physician reports during 2013-2014 show ongoing use of Butrans, Norco, Celebrex, and Intermezzo. There was ongoing back pain, use of a cane, and no good descriptions of function or results of using analgesic medications. The reports are stereotyped and contain much of the same information from visit to visit, making it difficult to determine what is current information. Per the PR2 of 1/6/15, there was ongoing low back pain with leg pain. Current medications are Butrans, Norco, Celebrex, and Intermezzo. Sleep problems persist. He uses a cane. There was no discussion of specific functions or specific results of any single medication. There was no work status beyond "retired." On 1/21/15 Utilization Review non-certified Butrans, Norco, Celebrex, Intermezzo, and Senoko-S. The MTUS and the Official Disability Guidelines were cited. Utilization Review noted that based on prior review, the injured worker should have been completely weaned from opioids and from Intermezzo, and that there was lack of evidence of objective functional benefit from Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg quantity 4 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Page 94, Opioids, steps to avoid misuse/addiction; indications, Chronic back.

Decision rationale: 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, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. None of the medical reports address the specific results of using Butrans. There is no evidence of significantly increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. Testing should be random. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The last drug screen was more than a year ago and no actual results were presented. As currently prescribed, Butrans does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Norco 10/325mg quantity 100 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 76-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compre.

Decision rationale: 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, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. None of the medical reports address the specific results of using Norco. There is no evidence of significantly increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. Testing should be random. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The last drug screen was more than a year ago and no actual results were presented. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Celebrex 200mg quantity 30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; NSAIDs for Back Pain - Acute exacerbations of chronic pain; Back P.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. None of the reports address the specific indications and results for Celebrex. Celebrex has a higher cardiovascular risk than many other NSAIDs. The treating physician has not addressed in this elderly patient who already has cardiovascular risk factors. 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. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The treating physician has been prescribing NSAIDs for years, which is counter to the recommendations of the MTUS for treatment of back pain. Celebrex is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Senokot S quantity 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Pain procedure summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy [with opioids] (d) Prophylactic treatment of constipation should be initia.

Decision rationale: Although laxatives are indicated when opioids are prescribed, the opioids are not medically necessary in this case. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary if opioids are not prescribed.

Intermezzo 3.5mg quantity 30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Pain procedure summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, insomnia

Decision rationale: Intermezzo is a form of zolpidem. The MTUS does not provide direction for the use of hypnotics other than benzodiazepines. The Official Disability Guidelines recommend the short term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. This injured worker has been prescribed this hypnotic for more than two months. There is no documentation of an adequate evaluation of the sleep disorder. Other medications known to cause sleep disorders, such as opioids, were not discussed in the context of insomnia. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations and lack of sufficient evaluation of the sleep disorder.