

<b>Case Number:</b>	CM15-0117059		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	04/24/1996
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: 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 injured worker is a 56-year-old male, who sustained an industrial injury on 4/24/1996. Diagnoses include chronic back pain. Treatment to date has included surgical intervention (L4-S1 fusion 2014), physical therapy and medications including Norco, Celebrex and Toradol. Per the handwritten Primary Treating Physician's Progress Report dated 5/14/2015, the injured worker was status post lumbar fusion surgery. He reported that the weather is making him ache more. His right leg was numb and tingly for 15-30 minutes last week, now getting a little better. Physical examination of the lumbar spine revealed decreased ranges of motion. The plan of care included physical therapy and medication management and authorization was requested for Voltaren ointment, Methocarbamol, Celebrex and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg, 1-2 by mouth once a day quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80; 91-92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient complains of lower back pain and left leg pain, as per progress report dated 04/14/15. The request is for Celebrex 200 mg, 1-2 by mouth once a day quantity 60. There is no RFA for this case, and the patient's date of injury is 04/24/96. The patient is status post L4-S1 fusion on 10/23/14, as per progress report dated 02/20/15. Current diagnoses appear to include lower back pain and muscle stiffness. Medications included Norco, Celebrex, Methocarbamol, and Voltaren gel. The patient is off work, as per the same progress report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, progress reports are handwritten and illegible. A prescription for Celebrex is first noted in progress report dated 12/22/14. The treater, however, does not document the efficacy of the medication in terms of reduction in pain and improvement in function, as required by MTUS page 60. Hence, the request is not medically necessary.

**Methocarbamol 750mg, 1/2-1 by mouth once a day quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64.

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

**Decision rationale:** The patient complains of lower back pain and left leg pain, as per progress report dated 04/14/15. The request is for Methocarbamol 750mg, 1/2-1 by mouth once a day quantity 60. There is no RFA for this case, and the patient's date of injury is 04/24/96. The patient is status post L4-S1 fusion on 10/23/14, as per progress report dated 02/20/15. Current diagnoses appear to include lower back pain and muscle stiffness. Medications included Norco, Celebrex, Methocarbamol, and Voltaren gel. The patient is off work, as per the same progress report. 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 exacerbation 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. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, progress reports are handwritten and illegible. The use of Methocarbamol is first documented in progress report dated 01/21/15. The treater, however, does not document the efficacy of the medication in terms of reduction in pain and improvement in function. Additionally, MTUS does not support the long-term use of muscle relaxants such as Methocarbamol. Hence, the request is not medically necessary.

**Voltaren Ointment 1% twice to three times a day 100gm quantity 2 tubes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The patient complains of lower back pain and left leg pain, as per progress report dated 04/14/15. The request is for Voltaren ointment 1% twice to three times a day 100gm quantity 2 tubes. There is no RFA for this case, and the patient's date of injury is 04/24/96. The patient is status post L4-S1 fusion on 10/23/14, as per progress report dated 02/20/15. Current diagnoses appear to include lower back pain and muscle stiffness. Medications included Norco, Celebrex, Methocarbamol, and Voltaren gel. The patient is off work, as per the same progress report. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, the progress reports are handwritten and illegible. None of the progress reports documents the use of Voltaren gel. It is not clear, if this is the first prescription or if the patient has used the medication in the past. There is no documentation of efficacy in terms of reduction in pain and improvement in function. Additionally, the patient does not suffer from peripheral joint arthritis or tendinitis for which topical NSAIDs are recommended. Hence, the request is not medically necessary.

**Norco 10/325mg 1-2 by mouth every four hours quantity 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80; 91-92.

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

**Decision rationale:** The patient complains of lower back pain and left leg pain, as per progress report dated 04/14/15. The request is for Norco 10/325mg 1-2 by mouth every four hours quantity 240. There is no RFA for this case, and the patient's date of injury is 04/24/96. The patient is status post L4-S1 fusion on 10/23/14, as per progress report dated 02/20/15. Current diagnoses appear to include lower back pain and muscle stiffness. Medications included Norco, Celebrex, Methocarbamol, and Voltaren gel. The patient is off work, as per the same progress report. 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 4A's (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. Pages 80, 81 of MTUS also states,

"There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, a prescription for Norco is first noted in progress report dated 12/22/14, and the patient has been taking the medication consistently at least since then. The treating physician, however, does not use a validated scale to document reduction in pain and improvement in function. No CURES and UDS reports are available for review. There is no discussion regarding side effects of Norco as well. MTUS guidelines require a clear discussion regarding the 4A's, including analgesia, ADL's, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request is not medically necessary.