

Case Number:	CM15-0117854		
Date Assigned:	07/23/2015	Date of Injury:	09/25/1996
Decision Date:	09/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/18/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 62-year-old male who sustained an industrial injury on 09/25/1996 resulting in injury to the left ankle resulted in an open bimalleolar fracture of the left ankle. Treatment provided to date has included: lumbar decompression and fusion surgery (2013); open reduction internal fixation surgery to the left ankle (1996); physical therapy; trigger point injections; medications (Suboxone, Norco, oxycodone, Percocet, gabapentin, Diazepam, Robaxin, and Soma); and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (2013) showing posterior decompression and fusion at L2-L5, hardware removal with post-surgical changes including multilevel spondylosis, disc protrusions, disk bulging without herniation, mild central canal narrowing, and facet arthropathy. There were no noted comorbidities or other dates of injury noted. On 04/15/2015, physician progress report noted complaints of back pain, shoulder pain and left ankle pain. The injured worker rated his average pain level at 5/10 over the past several months. Current medications include Percocet 10-325mg, gabapentin 600mg, Robaxin 750mg. The physical exam revealed an elevated blood pressure, an antalgic gait when getting up and initiating walking but after walking a little bit his gait was noted to be stable and normal. No other abnormalities were reported. The provider noted diagnoses of chronic pain syndrome, post laminectomy syndrome of the lumbar spine, intermittent lumbar radicular symptoms in the lower extremities, and osteoarthritis involving the ankle and shoulders. Plan of care includes follow-up in 3 months, Percocet 10-325mg #120 with 2 refills, Celebrex 200mg, Fioricet 325-50-40mg #240, and Robaxin 750mg #90, and continued home exercise and stretching program. The injured worker's work status remained temporarily

totally disabled. The request for authorization and IMR (independent medical review) includes: Celebrex 200mg #30 with 5 refills, Fioricet 325-50-40mg #240, and Robaxin 750mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #30 with 5 refills: 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): 30, 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, this reviewer disagrees with the previous reviewer. The use of Celebrex is not medically necessary, regardless of number of refills included in the request, due to the factors below. There was no recent documentation to show measurable functional gains and pain level reduction to show evidence of benefit. Regardless, however, considering this worker is at an elevated risk for cardiovascular disease due to smoking daily (1 pack daily), the risks associated with this medication, including cardiovascular risks, should be considered even more strongly. Also, the smoking history increases the speed of degeneration of the joints, so without smoking cessation, the treatment of the osteoarthritis-related pain with NSAIDs, is relatively futile in this setting, in the opinion of this reviewer. Also, the regular use of NSAIDs, including Celebrex, is generally discouraged by the Guidelines and therefore is not medically necessary.

Fioricet 325/50/40 mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs), Page(s): 23.

Decision rationale: The MTUS Chronic Pain Guidelines states that barbiturate-containing analgesic agents are not recommended for chronic pain as the potential for drug dependence, and overuse, and rebound for headache is high and no evidence existed that shows clinically important efficacy. In the case of this worker, there were insufficient measurable long-term benefits documented with the use of Fioricet. Regardless of this, the Fioricet is not a recommended medication, according to the Guidelines, and should be discontinued. This request for Fioricet will be considered medically unnecessary. Weaning may be indicated and therefore is not medically necessary.

Robaxin 750 mg #90: Upheld

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

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of having used Robaxin leading up to this request. However, there was no evidence to suggest this medication was providing measurable functional gains as this was not specifically reported in the notes. Regardless, this drug type is not recommended for chronic use, and as the intention of this request is to have this worker continue to use this medication on a chronic basis and not for an acute flare up, this request will be regarded as medically unnecessary.