

Case Number:	CM15-0117914		
Date Assigned:	06/26/2015	Date of Injury:	08/22/2005
Decision Date:	08/31/2015	UR Denial Date:	06/09/2015
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 York
 Certification(s)/Specialty: Anesthesiology

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 54 year old, female who sustained a work related injury on 8/22/08. The diagnoses have included lumbosacral neuritis/radiculitis, cervicgia, cervical degenerative disc disease, lumbar degenerative disc disease, lumbago, muscle spasm, lumbosacral spondylosis without myelopathy and cervical spondylosis without myelopathy. Treatments have included oral medications, medicated pain cream, lumbar injections, lumbar radiofrequency ablations, and cervical injections. In the Pain Management Reevaluation/Follow-up Visit note dated 4/6/15, the injured worker complains of some increased right sided neck and shoulder pain. She has about three headaches a week. She states current medications are working well. Sleep quality is fair. She rates her average pain level a 6/10. She has crepitus in her neck. She has cervical and lumbar paraspinal muscle tenderness with spasms. The right trapezius/rhomboid spasm is quite tender and painful. She is not working. The treatment plan includes continuation of medications and a recommendation for XXXXXXXXXX compound cream 5001.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective COX2 NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, NSAIDS Page(s): 30, 67-70.

Decision rationale: Per CA MTUS guidelines, "Celebrex is the brand name for celecoxib, and it is produced by [REDACTED]. Celecoxib is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor." Used in the treatment of symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. They are recommended for osteoarthritis pain and chronic back pain for short-term symptomatic pain relief. "Evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." Clients who take NSAIDS run the risk of developing gastrointestinal or cardiovascular events. She has been taking these medications for at least 4 months. There is no dosing or frequency noted for this medication. There are no changes in pain levels, no documentation noted that this medication is helping pain or documentation to note if it is improving her functional capabilities. Therefore, the request for Celebrex is not medically necessary.

Prilosec 20 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: Per CA MTUS guidelines, Prilosec is a proton pump inhibitor (PPI) used for gastrointestinal issues due to taking non-steroidal anti-inflammatory medications or opioids. She has been on these medications for at least 4 months. "Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." She does not have any gastrointestinal complaints. Because of the long term use of NSAIDS, long term use of Prilosec is not recommended. Therefore, the requested treatment of Prilosec is not medically necessary.

Colace 100 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.nlm.nih.gov].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract,

resulting in absorption of electrolytes and reduction in small intestine fluid. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. Colace is a stimulant laxative and is used to relieve occasional constipation. In this case, with non-approval of opioid use, the medical necessity of Colace has not been established. The requested medication is not medically necessary.

Lorzone 750 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chlorzoxazone.

Decision rationale: According to the ODG, Chlorzoxazone (Lorzone) is a muscle relaxant that works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there is no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

Percocet 10/25 mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 80-81, 88, 124.

Decision rationale: Per CA MTUS guidelines, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. According to the records, this patient has been prescribed this Percocet for a minimum of 4 months. There is no documentation of a change in pain level, how effective the Percocet has been in relieving his pain or any improvements made in functional capacity. The injured worker remains off work. There is no documentation noted about how she takes the Percocet in relation to usual dosage, how long it takes the medication to start working or how long any pain relief lasts. Long term use of opioid medications is not recommended. The submitted request does not include dosing or frequency. Additionally, documentation does not include a toxicology screen as recommended by the guidelines. The documentation does not

support that opiate prescribing is consistent with the CA MTUS guidelines. Weaning of this medication should be considered due to the possible dependency on the medication. Since there is no documentation of improvement in pain level, a decrease in overall pain or an increase in functional capacity, this request for Percocet is not medically necessary.

PC 5001 Pinnacle Compound Cream Qty 150 gm: Upheld

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

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

Decision rationale: Per CA MTUS guidelines, Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, there is no listing of what medications make up this PC 5001 medicated cream by [REDACTED]. Therefore, the requested treatment of PC 5001 compounded cream is not medically necessary.