

<b>Case Number:</b>	CM15-0171980		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	08/22/2005
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Preventive Medicine, Occupational 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 55 year old female sustained an industrial injury on 8-22-05. Documentation indicated that the injured worker was receiving treatment for cervicgia, lumbar spine radiculitis, degeneration of cervical and lumbar intervertebral disc, lumbago, muscle spasms and cervical and lumbar spondylosis without myelopathy. In a pain management follow-up visit dated 12-18-14, the injured worker reported that her average pain since her last visit was 7 out of 10 on the visual analog scale. The injured worker complained of poor sleep quality due to pain. The injured worker stated that Percocet had caused severe headaches and increased blood pressure. The injured worker reported that a trial of PC5001 cream had worked well. The treatment plan included continuing medications (Celebrex, Prilosec, Colace, Lorzone and Percocet), discontinuing Duexis and Voltaren gel, continuing PC5001 cream and requesting authorization for right C6-T1 medial branch blocks. In the most recent documentation submitted for review, a PR-2 dated 4-6-15, the injured worker complained of having a bit more right sided neck and shoulder pain as well as approximately three headaches per week. The injured worker rated her average pain since the last visit at 6 out of 10 on the visual analog scale. Physical exam was remarkable for ongoing pain in the right lower neck consistent with facet regeneration with positive crepitus and return of some cervicogenic headache, tenderness to palpation to cervical spine and lumbar spine paraspinal musculature with spasms and tenderness to palpation to the right trapezius and rhomboid with spasms. Urine drug screen from 8-8-11, 6-14-12, 10-11-13 and 12-18-14 were consistent with prescribed medications. The treatment plan included continuing medications (Celebrex, Prilosec, Colace, Lorzone, Percocet and PC5001). On 8-19-15,

Utilization Review noncertified a request for Celebrex 200mg #60, Prilosec 20mg #30, Colace 100mg #60, Lorzone 750mg #60, Percocet 10/325 #90, PC5001 150gm and retrospective urine drug testing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Celebrex 200mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Celebrex 200mg #60 is not medically necessary.

#### **Prilosec 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is documentation that the patient has GI symptoms, but the request for NSAIDs has been denied making the Prilosec unnecessary. Prilosec 20mg #30 is not medically necessary.

#### **Colace 100mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient was previously provided with a sufficient quantity of narcotics to be weaned from opioids, which makes a laxative not medically necessary. Colace 100mg #60 is not medically necessary.

**Lorzone 750mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Lorzone 750mg #60 is not medically necessary.

**Percocet 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Percocet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Percocet 10/325mg #90 is not medically necessary.

**PC5001 150gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Without knowing what is contained in the cream, one cannot make an appropriate recommendation. PC5001 150gm is not medically necessary.

**Retrospective review of UDT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Retrospective review of UDT is not medically necessary.