

<b>Case Number:</b>	CM15-0172834		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	02/27/1981
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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, Pain Management

### 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 58 year old female, who sustained an industrial injury on 02-27-1981. She has reported injury to the neck and low back. The diagnoses have included chronic low back pain; chronic lumbar radiculopathy; spinal stenosis of lumbar region; lumbosacral spondylosis without myelopathy; cervical spondylosis without myelopathy; cervical radiculopathy; neurogenic claudication; degenerative joint disease; bilateral carpal tunnel syndrome; and depressive disorder. Treatment to date has included medications, diagnostics, epidural steroid injection, acupuncture, chiropractic therapy, physical therapy, and home exercise program. Medications have included Celebrex, Alprazolam, Cymbalta, Imitrex, Skelaxin, Codeine-Acetaminophen, Baclofen, and Omeprazole. A progress note from a treating provider, dated 07-14-2015, reported that the injured worker is receiving adequate analgesia on her current medication; she is not experiencing any significant medication-related side effects; and the pain medication allows her to be more functional and active. A progress report from the treating physician, dated 07-22-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lower back pain; the pain is bilateral, aching, sharp, dull, deep, and constant; the pain level is rated at 8 out of 10 in intensity; associated symptoms include tingling and radiation down the posterior right leg to the calf; the sciatic pain is worsening; the pain is aggravated by sitting, standing, and walking; the pain is alleviated by rest, lying supine, and swimming; previous injections did not help; and she is swimming for 90 minutes, three times a week. Objective findings included she is in mild distress, more comfortable supine; antalgic gait with decreased stance on the right; 4 out of 5 motor strength right ankle; extensor hallucis

longus worse as compared to prior exam in 07-2013; and sensation is intact to light touch. The treatment plan has included the request for Celebrex 200mg, #728; Cymbalta 30mg, #364, Skelaxin 800mg, #728; Baclofen 10mg, #1092; and Codeine 60mg-Acetaminophen 300mg, #1092. The original utilization review, dated 08-21-2015, modified a request for Celebrex 200mg, #728, to Celebrex 200mg #60; non-certified a request for Cymbalta 30mg, #364, non-certified a request for Skelaxin 800mg, #728; modified a request for Baclofen 10mg, #1092, to Baclofen 10mg #68; and modified a request for Codeine 60mg-Acetaminophen 300mg, #1092, to Codeine 60mg-Acetaminophen 300mg #68. A progress report dated June 16, 2015 indicates that the patient's pain is 6/10 with medication and 10/10 without medication. No adverse effects are noted and no aberrant drug taking behaviors are noted. The note states that activities are "improved with medication." The note goes on to state that the pain medication allows her to be more functional and active.

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

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

**Celebrex 200mg, #728:** 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), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Regarding the request for Celebrex 200mg, #728, Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, it appears that the patient's medicine is improving pain and function with no intolerable side effects. However, the current request for #728 pills is inconsistent with guideline recommendations to continue following up on analgesic efficacy, objective improvement, and discussion regarding side effects in order to support the continued use of any medication. Unfortunately, there is no provision to modify the current request. Additionally, there is no indication that the patient has been risk stratified with regards to gastric side effects versus cardiac risk factors to determine that Celebrex is the best anti-inflammatory for this patient. As such, the currently requested Celebrex 200mg, #728 is not medically necessary.

**Cymbalta 30mg, #364:** 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): Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** Regarding the request for Cymbalta 30mg, #364, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is a general statement indicating that the patient's entire medication regimen is improving pain and function. However, there is no identification as to what type of analgesic efficacy or objective functional improvement is being provided by this medicine specifically. Additionally, the current request for #364 pills is inconsistent with guideline recommendations to continue following up on analgesic efficacy, objective improvement, and discussion regarding side effects in order to support the continued use of any medication. Unfortunately, there is no provision to modify the current request. Additionally, if the Cymbalta is being prescribed to treat depression, there is no documentation of depression, and no objective findings, which would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the currently requested Cymbalta 30mg, #364 is not medically necessary.

**Skelaxin 800mg, #728:** 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:** Regarding the request for Skelaxin 800mg, #728, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that metaxalone specifically is thought to work by general depression of the central nervous system. Within the documentation available for review, there is a general statement indicating that the patient's entire medication regimen is improving pain and function. However, there is no identification as to what type of analgesic efficacy or objective functional improvement is being provided by this medicine specifically. Additionally, the current request for #728 pills is inconsistent with guideline recommendations to continue following up on analgesic efficacy, objective improvement, and discussion regarding side effects in order to support the continued use of any medication. Unfortunately, there is no provision to modify the current request. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Skelaxin 800mg, #728 is not medically necessary.

**Baclofen 10mg, #1092:** 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:** Regarding the request for Baclofen 10mg, #1092, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, there is a general statement indicating that the patient's entire medication regimen is improving pain and function. However, there is no identification as to what type of analgesic efficacy or objective functional improvement is being provided by this medicine specifically. Additionally, the current request for #1092 pills is inconsistent with guideline recommendations to continue following up on analgesic efficacy, objective improvement, and discussion regarding side effects in order to support the continued use of any medication. Unfortunately, there is no provision to modify the current request. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation. Finally, there is no indication that the medication is being used for the treatment of muscle spasm or spasticity related to multiple sclerosis or a spinal cord injury as recommended by guidelines. In the absence of such documentation, the currently requested Baclofen 10mg, #1092 is not medically necessary.

**Codeine 60mg/ Acetaminophen 300mg, #1092:** 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Codeine 60mg/ Acetaminophen 300mg, #1092, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is a general statement indicating that the patient's entire medication regimen is improving pain and function. However, there is no identification as to what type of analgesic efficacy or objective functional improvement is being provided by this medicine specifically. Additionally, the current request for #1092 pills is inconsistent with guideline recommendations to continue following up on analgesic efficacy, objective improvement, and discussion regarding side effects in order to support the continued use of any medication. Unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested Codeine 60mg/ Acetaminophen 300mg, #1092 is not medically necessary.