

<b>Case Number:</b>	CM15-0038176		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	02/03/1989
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Internal 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:

The injured worker is a 51 year old male, who sustained an industrial injury on February 3, 1989. The diagnoses have included chronic pain, cervical disc displacement, lumbar disc degeneration, and displacement, lumbar radiculopathy and stenosis, left shoulder surgery and right knee arthroscopic surgery. A progress note dated February 5, 2015 provided the injured worker complains of headaches, neck pain radiating down both shoulders and arms to fingers, low back pain radiating down both legs to toes, and abdominal pain. He rates the pain as 7/10 with medication and 10/10 without medication. He reports severe sleep difficulty due to pain. He also reports pain has recently worsened. He has used medication with temporary benefit and physical therapy, acupuncture and chiropractic with limited benefit. Physical exam notes no gross abnormalities, moderate distress, slow gait and tenderness of neck and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-S1 TESI Under Fluoroscopy:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Per MTUS, radiculopathy must be documented by physical examination and corroborated by imaging. No more than 2 Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The injured worker complains of chronic radicular low back pain, despite other treatment modalities, including Physical Therapy. Physician report at the time of the service under review shows objective findings of radiculopathy on physical examination that is corroborated by MRI report, supporting the medical necessity for ESI. The request for Bilateral L4-S1 TESI Under Fluoroscopy is medically necessary by MTUS.

**Celebrex 200 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Celebrex is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor. Unlike other NSAIDs Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral. Use of Cox 2 inhibitors (Celebrex) is recommended as an alternative in patients who could benefit from NSAID use, but are at risk for gastrointestinal events, such as bleeding. The injured worker complains of chronic neck and low back pain. Documentation fails to demonstrate adequate improvement in level of function or quality of life to justify the ongoing use of Celebrex. Additionally, physician report at the time of the service under review indicates the injured worker has had abdominal pain and rectal bleeding. The request for Celebrex 200 MG #30 is not medically necessary by MTUS.

**Eszopiclone 3 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not Addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment Lunesta (Eszopicolone).

**Decision rationale:** Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The injured worker complains of severe sleep difficulty. Documentation fails to show significant functional improvement with chronic use of Eszopiclone to support the medical necessity for continued use. The request for Eszopiclone 3 MG #30 is not medically necessary based on guidelines.

**Nucynta 75 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck and low back pain. Documentation fails to demonstrate adequate improvement in level of function or quality of life, to justify continued clinical use of opioids. In the absence of significant response to treatment, the request for Nucynta 75 MG #60 is not medically necessary.

**Omeprazole 20 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Proton Pump Inhibitors (PPIs) are indicated for treatment of Gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric

ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation shows that the injured worker complains of abdominal pain and rectal bleeding. Continued use of Omeprazole is reasonable and appropriate at this time. The request for Omeprazole 20 MG #30 is not medically necessary.