

Case Number:	CM15-0063399		
Date Assigned:	04/09/2015	Date of Injury:	07/05/2000
Decision Date:	05/14/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/03/2015

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: Pennsylvania
 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 63-year-old male with a reported date of injury of 07/05/2000. The diagnoses include bilateral carpal tunnel syndrome, right lateral epicondylitis, right wrist tenosynovitis, right knee osteoarthritis, and low back strain. Treatments to date have included medications, right knee surgery, acupuncture, neuromuscular electrical stimulation, and elbow injections. Medications in 2004 included Tylenol with codeine. The medical report dated 02/23/2015 indicates that the injured worker complained of increased right knee pain, back pain, and right wrist pain. The physician documented that the injured worker had been taking Celebrex for pain and Tylenol #3 for breakthrough pain for many years. He also complained of episodes of constipation which he attributed to the use of codeine. It was noted that the injured worker was disabled and has not worked for several years. The physical examination showed diffuse tenderness of the anterior right knee, no crepitus, effusion or swelling of the right knee, negative provocative tests for the knee, normal lordosis of the lumbosacral spine, no tenderness and full range of motion of the lumbar spine, and negative bilateral straight leg raise test. Treatment plan included continuation of Tylenol #3 and Celebrex, knee and back brace, and orthopedic referral for steroid injection to the right knee. The treating physician requested cyclobenzaprine, Colace for constipation, Tylenol with codeine, and Celebrex. The request for authorization notes that cyclobenzaprine was for use at bedtime as needed for back spasms. On 3/16/15, Utilization Review (UR) non-certified requests for cyclobenzaprine 10 mg #30, Colace 200 mg #30, Tylenol #3 30/300 #120, and Celebrex 200 mg #30, citing the MTUS, ACOEM, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine p. 41-42, Muscle relaxants p. 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain/chronic musculoskeletal pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for a recommendation for chronic use. This injured worker has chronic back pain. In this case, the physician documented that cyclobenzaprine was prescribed for use at bedtime as needed for back spasms. No muscle spasm was noted on examination. The injured worker has been prescribed additional medication, which is not in accordance with the guidelines. Due to lack of documentation of acute muscle spasm and quantity requested in excess of the guideline recommendation for a brief course of treatment, the request for cyclobenzaprine is not medically necessary.

Colace 200mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy [with opioids] Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: opioid induced constipation treatment.

Decision rationale: The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. The injured worker reported constipation secondary to the use of codeine. The treating physician has provided no indications for laxatives

beyond the use of opioids. As the associated opioid is not medically necessary, the laxatives are also not medically necessary.

Tylenol No.3 30/300mg #120: 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): p. 74-96.

Decision rationale: This injured worker has chronic back and knee pain. The documentation from the physician states that the injured worker has been taking tylenol #3 for many years. Reports from 2004 note prescription of tylenol with codeine. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The documentation notes that the injured worker has not worked for several years. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, tylenol #3 does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute

exacerbations of chronic back pain. This injured worker has chronic back and knee pain. The documentation from the physician states that the injured worker has been taking celebrex for many years. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS, as there was no discussion of laboratory monitoring. Due to length of use in excess of the guidelines as well as potential for toxicity, the request for celebrex is not medically necessary.