

Case Number:	CM15-0065110		
Date Assigned:	04/13/2015	Date of Injury:	01/01/2003
Decision Date:	06/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/06/2015

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 53-year-old female who has reported widespread pain and mental illness after an injury on 01/01/2003. The current diagnoses include degenerative disc disease, status post cervical fusion, chronic cervicgia, bilateral shoulder impingement syndrome, status post right shoulder rotator cuff repair and decompression, left cubital tunnel syndrome, right chronic wrist pain, status post distal radial fracture, chronic left wrist pain, status post laceration injury with repairs of the median nerve and tendons of the flexor carpi radialis, flexor carpi ulnaris and flexor digitorum superficialis; pain related insomnia, pain related depression, and history of alcohol abuse. Records show ongoing alcohol use through at least 2012, with participation in a sobriety program. Treatment to date has included medications, psychotherapy, left shoulder surgery, cervical surgery, facet blocks, cervical fusion, left wrist/hand surgery, and physical therapy. Reports from the treating physician during 2011-2015 reflect ongoing multifocal pain, gastric upset with naproxen, Prilosec prescribed for GI prophylaxis with Motrin, adequate pain control with Lyrica even when tramadol was not available, and pain reduction with "medications." Function is minimally addressed, including work status. The injured worker has used various opioids, analgesics, and antidepressants over time. The reports do not adequately address the specific results and benefits of using any of the specific medications referred for Independent Medical Review. Flexeril was reportedly causing short term memory deficits. There are no drug test results mentioned. The reports are stereotyped and contain much older information than may appear to be current. Reports during January and February 2015 contain references to ongoing multifocal pain and continued prescribing of

Celebrex, Flexeril, Cymbalta, Prilosec, Lyrica and tramadol. No new information was provided regarding the indications or specific results of use. On 3/23/15 Utilization Review certified Cymbalta and Lyrica. Celebrex, Flexeril, tramadol, and Prilosec were non-certified. The MTUS was cited.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs for Back Pain - Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 68, 70.

Decision rationale: The specific indications for using Celebrex rather than some other NSAID are not clearly present in the records. Reports mention gastric upset with naproxen so that may be the reason. Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. The reports have only non-specific references to non-specific improvement with "medications." 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. Celebrex is of particular concern as it has an elevated cardiovascular risk profile. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. As noted in the MTUS, NSAIDs should be used for the shortest time possible. In this case, Celebrex has been prescribed chronically without clear indications, with adequate monitoring, and without clear benefit. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 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. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed

implies long-term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function because of prescribing muscle relaxants. Memory deficits were described with using cyclobenzaprine. Cyclobenzaprine, per the MTUS, is indicated for short-term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Prilosec 20mg #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): 68-69.

Decision rationale: There are no medical reports, which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. Co-therapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case, as presented in the MTUS. There is a brief mention of "gastric upset" with naproxen (which the injured worker is not taking), and use of Prilosec with Motrin (which the injured worker is not taking). There is no discussion of the reasons why the injured worker needs both Celebrex and Prilosec. If one were to presume that a medication were to be the cause of gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any organized attempts to determine the cause of symptoms, including minimal attempts to adjust medications. Proton pump inhibitors (PPIs) are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials, Tramadol Page(s): 77-81, 94, 80, 81, 60, 94, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Alcohol and opioids, Pain chapter, Opioids.

Decision rationale: 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, opioid contract, and there should

be a prior failure of non-opioid therapy. There is no evidence of a drug-testing program. There is no discussion of work status. This fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. There is no evidence of significant pain relief or increased function from the opioids used to date. References to pain relief and function are non-specific and not specific for tramadol. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. This injured worker has a documented history of substance abuse, yet the primary treating physician does not address this and there is no drug-testing program. The Official Disability Guidelines citation above discusses this in detail and recommends very specific measures in this kind of circumstance. None of the necessary steps has been taken. Tramadol has been prescribed simultaneously with a norepinephrine and serotonin reuptake inhibitor (SNRI) (Cymbalta). There are significant risks due to toxicity and the treating physician has not addressed this. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.