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| <b>Case Number:</b>   | CM15-0066223 |                              |            |
| <b>Date Assigned:</b> | 04/14/2015   | <b>Date of Injury:</b>       | 11/16/1999 |
| <b>Decision Date:</b> | 05/18/2015   | <b>UR Denial Date:</b>       | 03/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/07/2015 |

### 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 40 year old female who sustained an industrial injury on November 16, 1999. The injured worker was diagnosed as having lumbar spine radiculopathy, status post lumbar fusion, post-laminectomy pain syndrome, and lumbar degenerative disc disease. Treatment to date has included lumbar surgeries, acupuncture, physical therapy, and medication. Reports from March 2014 to March 2015 describe ongoing low back and lower extremity pain, rated up to 10 in severity. Celebrex, Morphine ER, Percocet, and Zanaflex were prescribed since March 2014 and Lidoderm was prescribed since October 2014. Work status was not provided, but permanent and stationary status was noted. At a visit on 2/6/15, pain was rated 7 out of 10 in severity. It was noted that the injured worker was functional and participates in daily activities. A pain agreement was noted to be on file. A urine drug screen on 2/6/15 was consistent with prescribed medications. The injured worker complains of back pain and bilateral leg pain. The treating physician's report dated March 6, 2015, noted the injured worker reported pain rated 7/10 on the pain scale, with symptoms worsening over the past few months. Physical examination showed palpation of the lumbar facet revealed pain on both sides at the L3-S1 region, with pain noted over the lumbar intervertebral spaces on palpation. Palpable twitch positive trigger points were noted in the lumbar paraspinal muscles, with pain noted with lumbar extension and limited lumbar range of motion (ROM). Straight leg raise was noted to be positive bilaterally. The documentation noted the injured worker was receiving greater than 50 percent relief while on the medications, with Celebrex, Lidoderm patches, Morphine ER, Neurontin, Percocet, and Zanaflex prescribed. It was noted that the injured worker was

functional and participates in daily activities. A pain agreement was noted to be on file. Permanent and stationary status was noted. A urine drug screen on 2/6/15 was consistent with prescribed medications. On 3/30/15, Utilization Review (UR) non-certified requests for Celebrex 200 mg, lidoderm 5% patch, zanaflex 4 mg, morphine ER 20 mg, and Percocet 10/325 mg, citing the MTUS.

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

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

**Celebrex 200mg #30 with 1 refill: 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, nonsteroidal 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 was noted to have chronic back pain, and has been treated with Celebrex for at least one year. 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 no blood tests were submitted. Work status was not discussed but a permanent and stationary status was noted. There was no documentation of improvement in activities of daily living, decrease in medication use, or decrease in frequency of office visits as a result of celebrex. Due to length of use in excess of the guidelines, insufficient monitoring for toxicity and lack of functional improvement, the request for Celebrex is not medically necessary.

**Lidoderm 5% patch #60 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as Gabapentin or Lyrica. Topical Lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. This injured worker had chronic back pain with radiculopathy and degenerative disc disease. There was no documentation of neuropathic pain or of trial and failure of first line agents. Lidoderm has been prescribed for 5 months without documentation of functional improvement. Due to lack of indication and lack of functional improvement, the request for Lidoderm is not medically necessary.

**Zanaflex 4mg #90 with 1 refill:** Upheld

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

**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/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. Zanaflex has been prescribed for at least one year. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Tizanidine (Zanaflex) is FDA approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. No monitoring of liver function tests was documented. Due to length of use in excess of the guidelines, lack of functional improvement, and lack of monitoring for toxicity, the request for Zanaflex is not medically necessary.

**Morphine ER 20mg #30:** 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 been prescribed morphine ER and percocet for at least one year, for chronic back pain. 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. 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. Pain scores remain elevated, and there was no documentation of functional goals, return to work, or improvement in activities of daily living. There was no documentation of reduction in medication use, and office visits have continued at the same monthly frequency. 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 physician did document the presence of an opioid contract as well as monitoring for adverse effects and aberrant behavior. The documentation does not reflect improvement in pain. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. Several urine drug screens were submitted but appear to be collected on the dates of office visits rather than randomly as recommended by the guidelines. As currently prescribed Morphine ER does not meet all the criteria for long term opioids as elaborated in the MTUS, and there was no documentation of functional improvement as a result of use of Morphine ER. Morphine ER is therefore not medically necessary.

**Percocet 10-325mg #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 been prescribed morphine ER and percocet for at least one year, for chronic back pain. 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. 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. Pain scores remain elevated, and there was no documentation of functional goals, return to work, or improvement in activities of daily living. There was no documentation of reduction in medication use, and office visits have continued at the same monthly frequency. 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 physician did document the presence of an opioid contract as well as monitoring for adverse effects and aberrant behavior. The documentation does not reflect improvement in pain. The MTUS recommends urine drug screens for patients with poor pain

control and to help manage patients at risk of abuse. Several urine drug screens were submitted but appear to be collected on the dates of office visits rather than randomly as recommended by the guidelines. As currently prescribed Percocet does not meet the all the criteria for long term opioids as elaborated in the MTUS, and there was no documentation of functional improvement as a result of use of Percocet. Percocet is therefore not medically necessary.