MAXIMUS Federal Services

Case Number:	CM15-0070877		
Date Assigned:	04/20/2015	Date of Injury:	12/20/2001
Decision Date:	05/21/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/14/2015

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

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 50 year old male who sustained an industrial injury on 12/20/01. The mechanism of injury is unclear. He complains of chronic low back pain with radicular symptoms into his lower extremities. His urinary and erectile dysfunction are related to his lumbar condition. He has failed trials of Naprosyn and Motrin due to gastric upset. His industrial medications are Celebrex, Flexaril, Norco, Ambien, Flector patches, Voltaren gel and Nexium. Diagnoses include lumbar degenerative disc disease, status post lumbar laminectomy L4-S1 anterior and posterior fusion, followed by removal of instrumentation; chronic low back pain; lumbosacral radiculopathy; erectile dysfunction and urinary leakage incontinence; pain-related insomnia; pain-related depression; obesity; diabetes; obstructive sleep apnea. Treatments to date include Depends pads and medication. Diagnostics include MRI lumbar spine (12/5/13, 9/22/08) with abnormalities. In the progress note dated 3/13/15 the treating provider's plan of care includes to continue with the current medication regimen that includes Celebrex, Flexaril and Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents on 03/13/15 with unrated lower back pain, which radiates into the bilateral lower extremities. The patient's date of injury is 12/20/01. Patient is status post lumbar laminectomy at L4-S1 in 2003, anterior and posterior fusion at these levels in 2005, and removal of lumbar instrumentation in 2007. The request is for CELEBREX 200MG #30. The RFA was not provided. Physical examination dated 03/13/15 reveals tenderness to palpation throughout the lumbar spine, with pain extending from the left lumbar paraspinal region into the left buttocks, and positive straight leg raise on the left. Neurological examination reveals slightly decreased light touch sensation along the anterolateral aspect of the left thigh. The patient is currently prescribed Celebrex, Norco, Nexium, Ambien, Flector patches, Glucotrol, Metformin, Rampiril, and Actos. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary, is not working. MTUS Anti-inflammatory medications page 22 state, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS guidelines page 22 for Celebrex, state, "COX-2 inhibitors -e.g., Celebrex- may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." In regard to Celebrex for the management of this patient's chronic intractable pain, the requested medication is appropriate. Progress report dated 03/13/15 indicates that this medication is effective at allowing this patient to sleep longer at night without pain and allows him to better perform activities of daily living. Additionally, the same progress note documents that this patient experienced severe gastritis following trials of Naprosyn and Motrin, and was therefore switched to Celebrex; which is well tolerated. Given these factors, the utilization of a milder NSAID such as Celebrex is an appropriate intervention. Therefore, the request IS medically necessary.

Flexeril 10 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents on 03/13/15 with unrated lower back pain which radiates into the bilateral lower extremities. The patient's date of injury is 12/20/01. Patient is status post lumbar laminectomy at L4-S1 in 2003, anterior and posterior fusion at these levels in 2005, and removal of lumbar instrumentation in 2007. The request is for FLEXERIL 10MG #30. The RFA was not provided. Physical examination dated 03/13/15 reveals tenderness to palpation throughout the lumbar spine, with pain extending from the left lumbar paraspinal region into the left buttocks, and positive straight leg raise on the left. Neurological examination reveals slightly

decreased light touch sensation along the anterolateral aspect of the left thigh. The patient is currently prescribed Celebrex, Norco, Nexium, Ambien, Flector patches, Glucotrol, Metformin, Rampiril, and Actos. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary, is not working. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been taking Flexeril since at least 10/13/14, though efficacy in alleviating muscle spasms is not documented in the subsequent reports. Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute pain and spasm. However, MTUS Guidelines do not recommend their use for longer than 2 to 3 weeks; the request for 30 tablets in addition to prior use does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

Flector Patch 1.3% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents on 03/13/15 with unrated lower back pain, which radiates into the bilateral lower extremities. The patient's date of injury is 12/20/01. Patient is status post lumbar laminectomy at L4-S1 in 2003, anterior and posterior fusion at these levels in 2005, and removal of lumbar instrumentation in 2007. The request is for FLECTOR PATCH 1.3% #60. The RFA was not provided. Physical examination dated 03/13/15 reveals tenderness to palpation throughout the lumbar spine, with pain extending from the left lumbar paraspinal region into the left buttocks, and positive straight leg raise on the left. Neurological examination reveals slightly decreased light touch sensation along the anterolateral aspect of the left thigh. The patient is currently prescribed Celebrex, Norco, Nexium, Ambien, Flector patches, Glucotrol, Metformin, Rampiril, and Actos. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary, is not working. The Flector patch is Diclofenac in a topical patch. MTUS guidelines for topical NSAIDs apply. MTUS, pg 111-113, Topical Analgesics section under Non-steroidal anti-inflammatory agents -NSAIDs states: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration the guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In regard to Flector patches for this patient's chronic lower back pain, this medication is not indicated for this patient's chief complaint. This patient has been using Flector patches since at least 10/13/14, though there is no documentation of efficacy in the subsequent reports. This patient presents with neuropathic lower back pain which radiates into the bilateral lower extremities. However, MTUS guidelines specifically indicate that

topical NSAID patches are not recommended for neuropathic pain. Therefore, this request IS NOT medically necessary.