

Case Number:	CM13-0032700		
Date Assigned:	12/11/2013	Date of Injury:	05/08/2007
Decision Date:	02/03/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 45 year or man who developed bilateral lower back pain and left knee. The pain was a shooting pain with 5/10 severity. The patient chopped himself with a nail gun in the left lower extremity on August 14, 2013. The pain is exacerbated by standing and walking. His pain did not fully respond to pain medications. He has limited flexibility left knee. According to the note of January 2 3013, the patient has left greater than right low back tenderness and spasms in the paraspinal muscles radiating tenderness at L5-S1 dermatome. The patient has an antalgic gait. The patient was diagnosed with lower back pain, complex regional syndrome of left lower extremity, lumbosacral radiculopathy, lumbar facet syndrome and hip pain. The patient has a history of work-related injury on May 8, 2007. His provider requested a treatment with Nexium, Neurontin, hydrocodone, and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 20mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

Decision rationale: According to MTUS guidelines, proton pump inhibitor is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient developed GI pain related to the use of pain medication. Nexium is indicated in this patient without 5 monthly refills to allow monthly evaluation of his risk for GI events. The request is non-certified.

Neurontin 300 mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 16 & 19.

Decision rationale: According to MTUS guideline, Neurontin is recommended for neuropathic pain. The pain developed left lower extremity pain secondary to his injury. However there is no evidence for significant pain reduction in this patient that warrant a 5 months prescription. The request for this medication is non-certified.

Celebrex, 100mg 2-3 tablets a day PO #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 27-30.

Decision rationale: According to MTUS guidelines, Celebrex is indicated in case of back pain especially in case of failure or contraindication of NSAIDs. The patient developed GI pain and failed Ibuprofen. However Celebrex should not be prescribed for 5 months without periodic (monthly) evaluation of its safety and efficacy. The request is non-certified

Hydrocodone 7.5/500mg #30 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

Decision rationale: According to MTUS guidelines, hydrocodone is indicated for moderate to severe pain. However there is no documentation of its efficacy to warrant its use. The records do not contain documentation assessing the patients medication needs and therefore is not medically necessary and appropriate.

