

Case Number:	CM13-0060318		
Date Assigned:	07/02/2014	Date of Injury:	06/15/1999
Decision Date:	08/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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. The expert reviewer is Board Certified in Family Practice, 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 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/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:

This 58 year old female claimant sustained a work related injury on 6/15/99 involving the neck and back . She has a diagnosis of cervicalgia with radiculopathy, lumbar spondylosis and carpal tunnel syndrome. A progress note on 10/4/13 indicated she had 8/10 pain and was awaiting approval for cervical injections. Physical findings included diffuse tenderness in the trapezial and rhomboid region. There was painful extension of the lumbar spine. No neurological abnormalities were noted. The claimant was treated with Celebrex 100 mg and Neurontin 100 mg for her pain symptoms. On 2/5/14 her pain scale had not significantly improved nor her physical exam. Her Neurontin was increased to 100 mg and she continued on the Celebrex. There were no noted gastrointestinal issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: Celebrex is a COX-2 inhibitor under the category of an NSAID. Celebrex is recommended when there is a high GI risk. In addition, the use of a Celebrex has not been shown to be superior to other NSAIDs or Tylenol in the management of chronic and acute exacerbations of back pain. The claimant does not have any known GI risks/diseases. In addition, the claimant's pain and function has not improved with Celebrex. The Celebrex is not medically necessary.

Neurontin 100mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: According to the MTUS guidelines, Gabapentin (Neurontin) is an anti-epilepsy drug that has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The claimant does not have the diagnosis above. The continued use of Neurontin is not medically necessary.