

Case Number:	CM13-0061614		
Date Assigned:	12/30/2013	Date of Injury:	08/08/2002
Decision Date:	03/27/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/05/2013

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 Internal Medicine 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:

This a 58 year old female status post injury (1) 8/8/02 (2) 5/1/03-6/24/03. She was most recently seen on 12/12/13 by [REDACTED], Psychiatry, complaining of feeling very depressed, having pain all the time, experiencing ongoing pain in her neck and back, radiating down to her legs. Her mental status examination found her mood to be depressed, affect depressed, and isolative and withdrawn. Evaluation on 11/20/13 by [REDACTED], Orthopedic Surgery, her subjective complaints were that she was "miserable," with constant low back pain 8/10 in severity, numbness and tingling to the lower extremities. Objective findings were significant spasms and tenderness to the lumbar paraspinals, positive sciatic stretch, severely limited range of motion with pain, walking with assistance of a cane, and an antalgic gait. Diagnoses include status post hardware remove (1/17/05), status post 360-degree lumbar fusion, L3 to the sacrum, status post cervical fusion at C5-C6 with junctional discopathy at C4-5, keloid - abdominal incision site, bilateral shoulder impingement, L3-L4 pseudoarthrosis, status post revision of L3-L4 pseudoarthrosis, status post hardware removal (1/20/10), and status post C4-C5 anterior cervical discectomy and fusion (8/8/12). Treatments have included medication and conservative treatment modalities. She was taking Naprosyn in the past, which irritated her stomach, so Celebrex was prescribed. Ultracet (Tramadol) was prescribed as a second line treatment, Neurontin (Gabapentin) was prescribed for neuropathic pain secondary to spinal cord injury, urine drug screening has been performed to monitor medication usage and compliance. The disputed issues are Ultracet #120 with refills, Celebrex 200mg #60 with 3 refills, Neurontin 600mg #60 with 3 refills, and Urine drug screen performed on 10/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #120 with refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), <http://apgi.acoem.org/Browser/Section.aspx?cid=8&sid=886>

Decision rationale: Extensive review of the records indicated that the patient had been taking tramadol since 2012 (from the urine drug screening), even though there are nowhere to be recorded in [REDACTED] notes as a prescribed medication, she was also taking venlafaxine and desvenlafaxine by some other doctor that is not captured in [REDACTED] notes. [REDACTED] on the other hand had prescribed Cyclobenzaprine and hydrocodone but is consistently not detected in the urine indicating that the patient was not taking or there was not an effective medicine for her. Neurontin present in the urine and is consistently positive and had been present since 2012. The patient continues with pain in the neck and lower back pain despite surgical intervention and medication treatment. As far as Ultracet (tramadol/acetaminophen) is considered an opioid and per MTUS, this is not indicated as the first line treatment for neuropathic pain. This is confirmed from the records submitted that the patient had been taking the medicines with a prolonged period of time and had not helped with her condition. An consideration of taper off the medication is indicated.

Celebrex 200mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram Page(s): 113. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) <http://apgi.acoem.org/Browser/Section.aspx?cid=8&sid=886>

Decision rationale: There is one quality study evaluating the efficacy of NSAIDs for treatment of tender points/fibromyalgia which found that while naproxen was beneficial, amitriptyline was more beneficial, and when combined, naproxen added minimal additional benefit. (Goldenberg 86) However, NSAIDs are not invasive, have low adverse effects, and when generic medications are used are low cost. The potential for NSAIDs to increase the risk of cardiovascular events in certain patients needs to be carefully considered. Therefore Celebrex is indicated as scheduled dose indicated with refill three times.

Neurontin 600mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin(Neurontin, Gabarone, generic available).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), (ACOEM),<http://apgi.acoem.org/Browser/Section.aspx?cid=8&sid=886>

Decision rationale: Gabapentin(Neurontin) is medically necessary and indicated with continuation of the therapy.

Retrospective Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlling Substances, May 2009, pages 10 & 32

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94, 95.

Decision rationale: Records submitted indicated that the patient had the urine drug screen at least 6 times over a period of a year, and the urine is consistent of three drugs the tramadol , venlafaxine and desvenlafaxine and the use of gabapentin despite of no records from [REDACTED] giving the patient the medication. [REDACTED] stated that she was given hydrocodone but in the drug screen that was consistent negative indicating that the patient never took the medicines or never agree with the medicines indicating that there a consistent pattern and there are no further need to check the urine screen.