

Case Number:	CM13-0061968		
Date Assigned:	12/30/2013	Date of Injury:	07/31/2009
Decision Date:	04/03/2014	UR Denial Date:	11/07/2013
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 Family Practice, and is licensed to practice in Texas. 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:

The patient is a 58-year-old male who reported injury on 07/31/2009. The mechanism of injury was noted to be a motor vehicle accident. The patient underwent a 2 level fusion of L3-4 and L4-5 on 05/03/2010. The patient had an extension of the fusion to include L2-3 on 07/27/2011. The patient had an opioid pump placed on 02/22/2012. The patient's medications on 12/17/2012 were noted to include Celebrex 200 mg, Nexium 40 mg, Neurontin 300 mg, Ambien 10 mg, and Lidoderm patch 5%. The patient underwent a subsequent lumbar fusion of L1-3 on 03/18/2013 and had a motor vehicle accident on 08/12/2013 where the patient was rear ended by an SUV. The request was made for medication refills. The patient's diagnosis was lumbosacral strain. The request was made for Celebrex 200 mg 1 daily for pain and inflammation plus 3 refills so the patient did not have to wait and could receive his medication on time, Nexium 40 mg 1 daily for stomach upset due to pain with 3 refills, Neurontin 300 mg 1 tablet by mouth twice a day #60 for chronic pain, and the physician indicated the patient had chronic lumbar radiculopathy, so it should be authorized, Ambien 10 mg 1 by mouth at nighttime for sleep difficulty, and Lidoderm patches 5% one to 2 patches every 24 hours to be applied to the low back. The request additionally was made for a shower chair so the patient could tolerate the appropriate weight and the physician recommended the patient to continue his care for pain management through his Medicare insurance as it was mainly for prostate cancer and the OxyContin and oxycodone IR were related to nonindustrial cancer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications.

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

Decision rationale: California MTUS Guidelines indicate that NSAIDS are recommended for short-term symptomatic relief and there should be documentation of objective functional improvement and an objective decrease in the VAS score. Clinical documentation submitted for review indicated the patient had been taking the medication since 12/2012. There was a lack of documentation of objective functional improvement and an objective decrease in the VAS score to support ongoing use. Additionally, the request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Celebrex 200 mg daily is not medically necessary.

Nexium 40mg QD, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines indicate that PPIs are appropriate for the treatment of dyspepsia. Clinical documentation submitted for review indicated the patient had been on the medication since 12/2012. The physician indicated the patient was to take the medication for stomach upset due to pain medication. However, there was a lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Nexium 40 mg every day 3 refills is not medically necessary.

Neurontin 300mg BID 60 count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 16.

Decision rationale: California MTUS Guidelines indicate that antiepileptic drugs are the first line medication for treatment of neuropathic pain and there should be documentation of objective functional improvement with the medication. Clinical documentation submitted for review failed to indicate the patient had objective functional improvement with the medication as the patient had been taking the medication since 12/2012. The patient had complaints of neuropathic

pain at the time of visit. Given the above, the request for Neurontin 300 mg twice a day 60 count is not medically necessary.

Ambien 10 mg QHS 30 count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Zolpidem (Ambien).

Decision rationale: Official Disability Guidelines indicate that Ambien is appropriate for the treatment of insomnia for up to 6 weeks. There should be documentation of objective functional improvement to support ongoing usage. Clinical documentation submitted for review failed to provide documentation of the efficacy of the requested medication and functional benefit that was received. Given the above, the request for Ambien 10 mg at bedtime 30 count is not medically necessary.

Lidoderm patch 5% 1-2 patches Q24: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to indicate the patient had a trial of first line therapy as the patient was noted concurrently to be requesting Neurontin. There was a lack of documentation of the objective functional benefit received from the medication as well as a decrease in the VAS score. Given the above, the request for Lidoderm patch 5% one to 2 patches every 24 is not medically necessary.