

Case Number:	CM13-0068594		
Date Assigned:	02/12/2014	Date of Injury:	03/29/2010
Decision Date:	06/12/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient has submitted a claim for bilateral lower extremity pain associated with an industrial injury date of March 29, 2010. Treatment to date has included ankle and subtalar joint fusion with intramedullary rod and screws (6/29/12), left TT-TC fusion with plastic flap (9/14/12), and medications which include Norco, Neurontin, Celebrex and Amitriptyline. Medical records from 2012-2013 were reviewed the latest of which dated November 28, 2013 which revealed that the patient continued to have persistent left ankle and lower extremity pain. The patient has also been dealing with a non-healing ulcer on the left lateral foot for the past several months. The ulcer measurements were reported to be getting smaller at the most recent encounter. The patient was continuing to do well on medications and has not reported side effects. With medications, the patient is getting out of the house more and making a point to walk outside at least once a day. He was able to continue taking care of his daughter. On physical examination, there was an ulcer noted on the left lower extremity measuring approximately 1x2cm. The wound edge was slightly erythematous.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR NEURONTIN 600MG #90 WITH 5 REFILLS DOS 11/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti- Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16-17 of the California MTUS Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. A 30% reduction in pain is clinically important to patients taking antiepilepsy drugs. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. In this case, gabapentin was prescribed since December 2012 for pain relief. The recent clinical evaluation indicate pain relief and functional improvement with the use of this medication. The medical necessity for gabapentin has been established, however, there is no discussion regarding the excessive quantity of refills in this request. Therefore, the retrospective request for Neurontin 600mg #90 with 5 refills is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF CELEBREX 200MG #30 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDs.

Decision rationale: As stated on page 22 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications. Official Disability Guidelines state that NSAIDs are recommended for acute pain, acute LBP, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. In this case, Celebrex was prescribed since January 2013 due to the patient's inadequate pain control. The recent clinical evaluation indicate pain relief and functional improvement associated with the use of medications. However, the long-term use of this medication is not recommended. Moreover, there is no discussion regarding the quantity of refills in this request. Therefore, the request for Celebrex 200MG #30 with 3 refills is not medically necessary.