

Case Number:	CM13-0069818		
Date Assigned:	01/03/2014	Date of Injury:	05/25/2002
Decision Date:	04/15/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/23/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 56 year old female with date of injury 5/25/02. The mechanism of injury is not described in the available medical records. The patient has complained of chronic neck and lower back pain since the date of injury. A laminectomy has been performed at L3-L5. Radiographs of the lumbar spine obtained in 09/2013 showed degenerative joint disease at L3-L4 and multilevel thoracolumbar spur formation. The patient has also been treated with physical therapy, pool therapy, acupuncture and medications. Objective: decreased cervical spine range of motion and tenderness to palpation of the cervical paraspinous musculature, decreased range of motion of the lumbar spine and tenderness to palpation of the lumbar paraspinous musculature. Diagnoses: lumbar post laminectomy syndrome, radiculitis, chronic pain, cervical spine pain. Treatment plan and request: Celebrex, Fentanyl, Gabapentin, Norco, Senokot, Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: 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 Celebrex Page(s): 70.

Decision rationale: This 56 year old female has complained of chronic neck and back pain since date of injury 5/25/02. She has had a lumbar laminectomy and has also been treated with physical therapy, pool therapy, acupuncture and Celebrex since at least 07/2013. Per the MTUS guideline cited above, Celebrex is a selective COX-2 inhibitor recommended for use in osteoarthritis, ankylosing spondylitis and rheumatoid arthritis. Per the available medical records, there is no documentation which gives the specific indications or rationale for use of Celebrex in this patient. There is no documentation of osteoarthritis, rheumatoid arthritis or ankylosing spondylitis as active problems in this patient. On the basis of this lack of documentation and per the MTUS guideline cited above, Celebrex is not indicated as medically necessary.

Fentanyl 75mcg Patches #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Fentanyl; Opioids- Criter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 56 year old female has complained of chronic neck and back pain since date of injury 5/25/02. She has had a lumbar laminectomy and has also been treated with physical therapy, pool therapy, acupuncture and Fentanyl since at least 07/2013. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opiods. There is no evidence that the treating physician is prescribing opiods according to the MTUS section above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and per the MTUS guideline cited above, Fentanyl is not indicated as medically necessary.

Gabapentin 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16-19.

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

Decision rationale: This 56 year old female has complained of chronic neck and back pain since date of injury 5/25/02. She has had a lumbar laminectomy and has also been treated with physical therapy, pool therapy, acupuncture and Neurontin since at least 07/2013. Per the MTUS guideline cited above, Neurontin is a first line agent for neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy, diagnoses which are not documented to be present per the available medical records. On the basis of this lack of documentation and per the MTUS guidelines, Neurontin is not indicated as medically necessary in this patient.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 56 year old female has complained of chronic neck and back pain since date of injury 5/25/02. She has had a lumbar laminectomy and has also been treated with physical therapy, pool therapy, acupuncture and Norco since at least 07/2013. This 56 year old female has complained of chronic neck and back pain since date of injury 5/25/02. She has had a lumbar laminectomy and has also been treated with physical therapy, pool therapy, acupuncture and Norco since at least 07/2013. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and per the MTUS guideline cited above, Norco is not indicated as medically necessary.

Senokot 8.6mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Criteria for use Page(s): 76-80.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com

Decision rationale: This 56 year old female has complained of chronic neck and back pain since date of injury 5/25/02. She has had a lumbar laminectomy and has also been treated with physical therapy, pool therapy, acupuncture and Senokot since at least 07/2013. There is no documentation in the available medical records of constipation being present as a symptoms or a medical problem in this patient. On the basis of this lack of documentation, Senokot is not indicated as medically necessary.

Lyrica 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

Decision rationale: This 56 year old female has complained of chronic neck and back pain since date of injury 5/25/02. She has had a lumbar laminectomy and has also been treated with

physical therapy, pool therapy, acupuncture and Lyrica since at least 11/2013. Lyrica has been approved for use of painful diabetic neuropathy and postherpetic neuralgia as well as fibromyalgia. There is no documentation of the presence of these conditions or historical or physical exam findings that can support the presence of any of these diagnoses. On the basis of this lack of documentation and per the MTUS guidelines cited above, Lyrica is not indicated as medically necessary.