

Case Number:	CM14-0016743		
Date Assigned:	04/11/2014	Date of Injury:	02/05/2001
Decision Date:	05/28/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 57-year-old female with a date of injury of 02/05/2001. The listed diagnoses per [REDACTED] are: 1. Degenerative disk disease. 2. Cervical degenerative disk disease. 3. Bilateral carpal tunnel syndrome. 4. Myofascitis. 5. Degenerative joint disease of the knees. 6. Hypertension. 7. Chronic back pain. 8. Post-laminectomy syndrome of lumbar region. 9. Postoperative pain. 10. Neurogenic bladder. 11. Lumbar radiculopathy. 12. Tendinitis of the right shoulder. 13. Reactive depression. According to report dated 01/24/2014 by [REDACTED], the patient presents with a flareup of her back pain. Patient states pain is constant, nonradiating, and increases with activity. Examination revealed some slight atrophy of the right gastrocnemius muscle to the left. Patient is unable to sit for more than 5 minutes and constantly changing position in order to stay comfortable. Modified straight leg raising test was positive. Reflexes were 2+ at the patellar and 1+ at the Achilles tendons bilaterally. The physician is recommending refill of medication and 12 acupuncture sessions. Patient's current medication regimen includes Prilosec 20 mg, Relafen 750 mg, Gabapentin 800 mg, and Celebrex 200 mg. Utilization review is dated 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF PRILOSEC 20MG #30 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic low back pain. The physician is requesting a refill of Prilosec 20 mg #30 with 5 refills. The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDS against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. This patient has been prescribed Prilosec since 09/24/2013. Review of reports from 09/24/2013 to 01/24/2014 does not provide any discussion of gastric irritation, peptic ulcer history, or concurrent use of ASA, etc. Routine prophylactic use of PPI without documentation of gastric side effects is not supported by the guidelines without GI-risk assessment. Recommendation is for denial. The request for Prilosec 20mg, #30 with 5 refills is not medically necessary.

1 PRESCRIPTION OF RELAFEN 750MG: 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 rationale: The Expert Reviewer's decision rationale: This patient presents with chronic low back pain. The physician is requesting prescription of Relafen 750 mg between 01/03/2014 and 03/24/2014. The MTUS guideline pg 22 supports use of NSAIDs for chronic LBP as a first line of treatment. This patient has been taking Relafen since at least 09/24/2013. Review of progress reports from 09/24/2013 to 01/24/2014 does not discussion, at any time, the efficacy of this medication. MTUS page 60 requires documentation of pain assessment and function changes when medications are used for chronic pain. Recommendation is for denial. The request for Relafen 750mg is not medically necessary.

1 PRESCRIPTION OF GABAPENTIN 800MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Gabapentin (Neurontin®, Gabarone_z, Generic Available), Page 18-19.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic low back, neck, knee shoulder pains and has a diagnosis of post-laminectomy syndrome as well.

The treater is requesting gabapentin 800 mg. Utilization review dated 02/04/2014 modified the certification to limit to #30 between 01/03/2014 and 03/24/2014. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." In this case, medical records document patient's "pain is constant, non-radiating, and increases with activity." The treater does not discuss this medication's efficacy either in any of the reports. A clear diagnosis of neuropathic pain and efficacy of medication are required for on-going use of Gabapentin. Neither documentations are provided. Recommendation is for denial. The request for Gabapentin 800mg is not medically necessary.

1 PRESCRIPTION OF CELEBREX 200MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic low back pain. The treater is requesting Celebrex 200 mg. Utilization review dated 02/04/2014 modified certification up to #30 between 01/03/2014 and 03/24/2014. For anti-inflammatory medications the MTUS guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." This patient has been prescribed Celebrex since at least 09/24/2013. Review of records from 09/24/2013 to 01/24/2014 does not provide any discussion regarding this medication's efficacy. MTUS page 60 require pain assessment and functional documentation for medication used to treat chronic pain. Given the lack of documentation, one cannot tell that this medication is doing anything for the patient. Recommendation is for denial. The request for Celebrex 200mg is not medically necessary.

12 ACUPUNCTURE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic low back pain. The treater is recommending 12 acupuncture sessions. Utilization review dated 02/04/2014 modified certification of 6 sessions between 01/03/2014 and 03/24/2014. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. In this case, medical records do not indicate that this patient has had any prior acupuncture treatments. An initial course of 3 to 6 may be warranted but the treater is requesting 12 sessions,

which exceeds MTUS guidelines. Recommendation is for denial. The request for twelve (12) acupuncture sessions are not medically necessary.