

Case Number:	CM14-0130381		
Date Assigned:	08/20/2014	Date of Injury:	12/03/1997
Decision Date:	09/29/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 Pain medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 51-year-old female who reported an injury on 12/03/1997. Mechanism not submitted with this review. The injured worker's treatment history included medications, physical therapy, aquatic sessions, chiropractic sessions, massage therapy, epidural steroid injections, and heat/ice therapy. The injured worker was evaluated on 06/26/2014 and it was documented the injured worker complained of lower back pain that radiated into the bilateral legs. The injured worker noted increased low back pain that rated 2/10 and described the pain as intermittent that increased to a dull pain that was throbbing in sensation that radiated into the bilateral legs. The injured worker presented alternative and interventional option to alleviate the pain. The injured worker's pain was exacerbated by standing and the pain was only alleviated by heat, ice, rest, and pacing. Physical examination of the lower back, lumbar flexion was limited to 45 degrees due to severe low back pain; extension was limited to only 5 degrees due to severe facet loading pain. The injured worker's bilateral lower extremity straight leg raise was positive at 30 degrees. Palpation of bilateral quadratus lumborum and erector spine muscles revealed spasm and had twitch muscle bellies with point tenderness at various points. Motor tested was 3/5 in bilateral lower extremities. Sensory perception was decreased to soft touch in bilateral lower extremities. The injured worker's gait was antalgic. Medications included Bupropion Hydrochloride 150 mg, Norco 10/325 mg, Gabapentin 300 mg, Cyclobenzaprine Hydrochloride 10 mg, Ambien 10 mg, Oracea 40 mg, Val Acyclovir Hydrochloride 500 mg, Synthroid 0.137 mg, Simvastatin 10 mg, MS Contin 30 mg, Gabapentin 300 mg, Cymbalta 60 mg, Celebrex 200 mg, and Aspirin 81 mg. Diagnoses included degeneration of the lumbar intervertebral disc, lumbago, lumbosacral radiculitis and lumbosacral spondylosis without myelopathy. Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg PO BID, for 1 month #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, NSAIDs (non-steroidal anti-inflammatory drugs) page 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-anti-inflammatory drugs) Page(s): 67.

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Celebrex is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo in patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. There was lack of documentation stating the efficiency of the Celebrex for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Celebrex is taken by the injured worker. Given the above, the request for the Celebrex 200 mg, PO BID for 1 month # 60 is not medically necessary.

Gabapentin 300mg 2 tablets PO QID, for 1 month #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding Gabapentin;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsions), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The documentation submitted had lack of evidence of the efficacy of the requested drug after the injured worker takes the medication. Given the above, the request for Gabapentin 300 mg 2 tablets PO QID, for 1 month # 240 is not medically necessary.

MS Contin 30mg PO TID, for 1 month #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding MS Contin Page(s): page 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. The provider failed to indicate urine drug screen for opioid compliance. Given the above, MS Contin 30 mg PO TID, for 1 month # 90 is not medically necessary.

Norco 10/325mg PO QID, for 1 month #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding Hydrocodone/Acetaminophen; Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, there was lack of outcome measurements of conservative care such as, physical therapy or home exercise regimen noted for the injured worker. Given the above, Norco 10/325 mg PO QID, for 1 month # 120 is not medically necessary.