

Case Number:	CM14-0133083		
Date Assigned:	08/22/2014	Date of Injury:	08/03/2005
Decision Date:	10/02/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/20/2014

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 and Rehabilitation 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 injured worker is a 57-year-old male who reported an injury 08/03/2005. The mechanism of injury was not provided within the medical records. The clinical note dated 06/26/2014 indicates a diagnoses of chronic left knee pain with 2 histories of surgeries dated 10/2005 and 10/2006, chronic right knee pain due to compensatory overuse, status post surgery of the right knee dated 03/22/2012, right shoulder pain worse with the use of a cane, neck and right upper extremity pain, and multiple levels broad based disc bulge at C6-7, history of bilateral carpal tunnel release ulnar release in 2006, and chronic low back pain. The injured worker reported ongoing bilateral knee pain, neck, and back pain. The injured worker reported the knees continued to be the most bothersome. The injured worker reported medications continued to be very beneficial. The injured worker reported that Percocet brought his pain level down from an 8/10 to a 5/10. Percocet also allowed him to stand and walk a little bit longer and further than he would have been able to without, while also allowing him to carry out activities of daily living such as cooking, cleaning, laundering, and self hygiene. The injured worker had no aberrant behaviors or adverse side effects and was not running out early or requesting early refills or reporting lost or stolen medications. The injured worker reported pain relief within about an hour and it lasted 2 to 3 hours depending on his activity. The injured worker reported Cymbalta helped significantly with overall pain, especially in the neck, and Neurontin helped lower extremity pain, the Colace prevented constipation, and the injured worker reported he received Ambien from his regular physician. The injured worker reported the transcutaneous electrical nerve stimulation unit was very helpful and he used it on his neck and back. On physical examination, the injured worker had no significant change. The injured worker's treatment plan included a 2 month supply of his medication, the injured worker requested to switch from Relafen to Celebrex, and follow-up in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-Inflammatory Drugs (NSAIDs).

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

Decision rationale: The request for Celebrex 200mg #30 with 4 refills is not medically necessary. The California MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The request for Celebrex was modified with 1 refill on 07/24/2014; however, there is a lack of documentation of efficacy and functional improvement with the use of Celebrex. In addition, the request does not indicate a frequency. Therefore, the request for Celebrex 200mg #30 with 4 refills is not medically necessary.

Colace 100mg #260: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of Constipation. Iowa City (IA): University of Iowa Gerontological Nursing Intervention Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p (44 references)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Initiating therapy, Page(s): 77.

Decision rationale: The request for Colace 100mg #260 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state prophylactic treatment of constipation should be initiated. The injured worker has reported constipation and reports Colace does help with the constipation; however, the request does not indicate a frequency. Therefore, the request for Colace 100mg #260 is not medically necessary.

Neurontin 800mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy Drugs (AE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific anti-epilepsy drugs, Page(s): 18.

Decision rationale: The request for Neurontin 800mg #180 is not medically necessary. The California MTUS guidelines recognize Gabapentin/Neurontin has been shown to be effective for

treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The documentations submitted do not indicate the injured worker had diabetic painful neuropathy or postherpetic neuralgia. In addition, there is lack of documentation indicating the injured worker had neuropathic deficits on objective findings. Furthermore, the request does not indicate a frequency. Therefore, the request for Neurontin 800mg #180 is not medically necessary.