

Case Number:	CM14-0170432		
Date Assigned:	10/20/2014	Date of Injury:	09/22/2001
Decision Date:	11/20/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/15/2014

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 and 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 70-year-old male with a date of injury of 09/22/2001. According to progress report 09/15/2014 by the treater, the patient presents with continuing neck, left upper extremity, and right knee pain. He reports that without Cymbalta, he has severe depression and "little interest in doing things." He rates his pain today as 6/10 in the neck and knee. Patient notes that his current medication regimen is keeping him at baseline and allows him to participate in activities of daily living (ADLs) and enjoy social activities. Examination revealed restricted range of motion in the cervical spine in all planes with positive Spurling's maneuver bilaterally. Right knee was negative for swelling and positive for crepitus. The listed diagnoses per the treater are: 1. Multilevel cervical disk disease. 2. Cervical facet syndrome. 3. Reactive depression. 4. Coronary artery disease status post coronary artery bypass graft surgery (CABG). 5. Right knee medial meniscus tear. 6. Hearing loss. 7. Status post right reverse total shoulder arthroplasty. The treater is requesting a refill of medications. Utilization review denied the request on 09/25/2014. Treatment reports from 05/09/2014 through 09/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 800mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18 and 19.

Decision rationale: This patient presents with continuing neck and right knee pain. The treater is requesting a refill of Neurontin 800 mg. The MTUS guidelines pages 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." Review of the medical file indicates the patient has been utilizing this medication since at least 07/18/2014. The treater has noted that medications allow patient to participate in ADLs and provides a decrease in pain from average 8/10 to 6/10. Given the efficacy of this medication, the request is medically necessary and appropriate.

Celebrex 200mg #30: Overturned

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

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

Decision rationale: This patient presents with neck and right knee pain. The treater recommends the patient continue with Celebrex 200 mg #30. Based on the treater's progress report from 09/15/2014, the patient has right knee osteoarthritis and is unable to tolerate any other non-steroidal anti-inflammatory drugs (NSAIDs) with his recent cardiac event. It was noted his cardiologist has "okayed him on Celebrex." The patient does note that he has an increase in pain and difficulty walking upstairs without Celebrex. Utilization review denied the request stating that the patient has coronary artery disease and "continued use of Celebrex does not outweigh the potential side effects associated with continued use." For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the first line of treatment to reduce pain, so activity and functional restoration can resume. The long-term use may not be warranted." In this case, the treater has noted the efficacy of this medication and states that the patient is not able to take other NSAIDs. Therefore, the request is medically necessary and appropriate.

Voltaren Gel: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with neck and right knee pain. The treater is requesting Voltaren gel. The MTUS Guidelines allows for the use of topical NSAID for peripheral joint arthritis and tendonitis. In this case, the patient has continued right knee pain which topical NSAIDs may be indicated. The treater states that current medications, including Voltaren gel, provide pain relief and allows patient to participate in ADLs and social activities. MTUS states that Voltaren Gel 1% is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment including knees. The request is medically necessary and appropriate.