

Case Number:	CM14-0034758		
Date Assigned:	06/20/2014	Date of Injury:	07/21/2005
Decision Date:	07/24/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/20/2014

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 & 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 66 year-old male who was reportedly injured on July 21, 2005. The mechanism of injury is noted as moving a wooden pallet. The most recent progress note dated June 3, 2014, indicates that there are ongoing complaints of difficulty sleeping, pain in the lower lumbar region and left knee. The left elbow and bilateral feet are also noted to be problematic. The pain levels are described as 7-9/10. The physical examination demonstrated a 6 foot, 140 pound hypertensive individual. No other physical examination findings are reported. Diagnostic imaging studies reportedly noted progression of the degenerative disc disease at L4/L5 and just collapse at L3/L4. The degenerative scoliosis is noted. Previous treatment includes lumbar laminectomy, total knee arthroplasty, postoperative rehabilitation and deployment of multiple analgesic medications. A request had been made for multiple medications and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30 of 126.

Decision rationale: This medication is a Cox-2 inhibitor indicated for short-term use in those patients with a history of gastrointestinal complications. This is not represent the majority of the patient. Furthermore, a review of the literature does not support this medication for chronic low back pain as it is no more effective than narcotic analgesics or other preparations. Given the degenerative process and the treatment already rendered tempered by the other medications being employed there is no clinical indication presented to support this request. As such, this is not medically necessary.

Neurontin 400 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-20, 49 of 127.

Decision rationale: It is noted that the injured employee has undergone surgery for a total knee as well as a lumbar laminectomy. Furthermore, there are degenerative changes noted in the plain films. However, there is no objectification of a nerve root compression or a neuropathic lesion that would be amenable to this medication. Lastly, there is no functional improvement objectified as such, the efficacy or utility of this medication has not been demonstrated. Therefore, when considering the parameters outlined in the MTUS and noting the clinical indications (diabetic painful neuropathy & postherpetic neuralgia) and the current clinical situation tempered by the lack of any improvement this is not medically necessary.

Norco 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-20, 49 of 127.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. CA MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical/objective documentation of any improvement in their pain or functional abilities with the current regimen. As such, this request is not considered medically necessary.