

<b>Case Number:</b>	CM14-0035337		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Occupational Medicine 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 31, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; transfer of care to and from various providers in various specialties; sacroiliac joint injection therapy; and extensive periods of time off of work. A January 7, 2014 progress note was notable for comments that the applicant was only 39 years old. The applicant had persistent complaints of low back pain radiating to left leg. The applicant was earlier given a 5% whole-person impairment rating, it was stated. The applicant recently had non-industrial pancreatitis, it was stated. The applicant was able to walk on his toes and heels and did exhibit 5/5 strength about lower extremities despite positive straight leg raising. The attending provider sought authorization for epidural steroid injections and sacroiliac joint injections. The applicant was returned to regular work, on paper, although it was acknowledged that the applicant was not working. It was stated on this occasion that the applicant was not using any medications. On May 7, 2013, it was again stated that the applicant was not using any medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg 1 capsule every day #30 no refills:** Upheld

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

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

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX 2 inhibitors such as Celebrex may be considered if an applicant has a risk of GI complications, but are not indicated for the majority of applicants. In this case, as noted previously, the attending provider issued the prescription for Celebrex without any accompanying rationale, narrative commentary, or progress notes. It was not clearly stated why Celebrex was selected. The multiple progress notes provided stated that the applicant was not using any medications. There was no specific mention of ongoing issues with dyspepsia, reflux, and/or heartburn which would support provision of Celebrex. Therefore, the request is not medically necessary.

**Norco 5/325 mg 1 tablet every 6 hours #90 no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**Decision rationale:** As noted on page 76 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should ask a number of questions prior to starting opioid therapy, the chief of which is whether or not there are reasonable alternatives of treatment and have these been tried. In this case, however, the attending provider issued the prescription for Norco without any accompanying progress notes, narrative commentary, or rationale. It was not clearly stated why Norco was selected. It is not clearly stated what other treatment options had been tried and/or failed before Norco was initiated. No progress notes were attached to augment the request for authorization or application for Independent Medical Review. Therefore, the request is not medically necessary.

**Gabapentin 300 mg 1 tablet every 6 hours #90:** Overturned

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

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

**Decision rationale:** As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is a first-line treatment for neuropathic pain. In this case, the applicant does, in fact, have neuropathic (radicular) pain. While the attending provider did not attach any clinical progress notes along with the request for authorization for this medication, in this case, the applicant was described on multiple preceding office visits, including on an earlier note of January 7, 2014, as exhibiting persistent complaints of radicular low back pain radiating into left

leg. A trial of gabapentin was/is therefore indicated. Accordingly, the first-time request for gabapentin is deemed medically necessary.