

Case Number:	CM14-0038889		
Date Assigned:	08/01/2014	Date of Injury:	06/07/2012
Decision Date:	10/09/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 62-year-old male who reported an injury on 06/07/2012 while working at a trade show, had to carry boxes weighing 75 pounds to 100 pounds back and forth to the trade show, where he felt immediate pain in his back. The injured worker had a history of lower back pain. The injured worker had diagnosis of lumbar disc disease, lumbar radiculopathy, opioid dependence, lumbosacral flare post-trauma motor vehicle accident, and myofascial pain. The diagnostics included electromyograph and nerve conduction study to the lower extremities, and an MRI. The prior treatments included x-rays, acupuncture, injections, and medication. The medications included Diovan HCT, oxycodone, gabapentin, Celebrex, Aleve, and Lidoderm patch. The injured worker rated his pain best 7/10 and worst being an 8/10. The objective findings dated 01/21/2014 of the lumbar spine revealed normal, steady gait, range of motion within normal limit, and inspection of the back revealed no abnormalities. Mild tenderness to palpation of the noted trigger points, normal range of motion to the bilateral lower and upper extremities. Sensory examination at baseline and decreased with respect to light touch and pinprick in the left lower extremities. Power was 4+/5 on the left extremities with dorsiflexion. The treatment plan included Celebrex, OxyContin, and lidocaine. The Request for Authorization dated 08/01/2014 was submitted with documentation. The rationale for the medications was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex cap 200MG #30 DOS 2/25/14: Upheld

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

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

Decision rationale: The request for Celebrex cap 200MG #30 DOS 2/25/14 is not medically necessary. The California MTUS recommends anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. The clinical notes indicate that the injured worker was prescribed the Celebrex on 09/17/2013, and again on 02/20/2014. Request does not indicate the frequency.

Lidocaine pad 5% #90 DOS 2/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

Decision rationale: The request for Lidocaine pad 5% #90 DOS 2/18/14 is not medically necessary. The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The request did not address frequency. As such, the request is not medically necessary.

Oxycodone 10mg #45 DOS 2/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Hydrocodone/Acetaminophen, Page(s): 78; 91.

Decision rationale: The request for Oxycodone 10mg #45 DOS 2/18/14 is not medically necessary. The California MTUS guideline recommend oxycodone for controlling chronic pain and this medication is often used for intermittent or breakthrough pain. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes did not indicate any adverse effects or aberrant drug taking behavior. The injured worker rated his pain a 7/10 to 10/10 being the worst and the best, indicating that there was no efficacy with the oxycodone. The request did not indicate the frequency. As such, the request is not medically necessary.

Celebrex cap 200MG #21 DOS 1/25/14: Upheld

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

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

Decision rationale: The request for Celebrex cap 200MG #21 DOS 1/25/14 is not medically necessary. The California MTUS recommends anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. The clinical notes indicate that the injured worker was prescribed the Celebrex on 09/17/2013, and again on 02/20/2014. Request does not indicate the frequency.

Oxycodone 10mg #50 DOS 1/21/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Hydrocodone/Acetaminophen, Page(s): 78,91.

Decision rationale: The request for Oxycodone 10mg #50 DOS 1/21/14 is not medically necessary. The California MTUS guideline recommend oxycodone for controlling chronic pain and this medication is often used for intermittent or breakthrough pain. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes did not indicate any adverse effects or aberrant drug taking behavior. The injured worker rated his pain a 7/10 to 10/10 being the worst and the best, indicating that there was no efficacy with the oxycodone. The request did not indicate the frequency. As such, the request is not medically necessary.

Gabapentin 300mg #90 DOS 1/12/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16.

Decision rationale: The request for Gabapentin 300mg #90 DOS 1/12/14 is not medically necessary. The California MTUS guidelines indicate that Gabapentin is 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 clinical notes did not indicate that the injured worker had diagnosis or history of diabetic neuropathy or postherpetic neuralgia. The request did not indicate the frequency. As such, the request is not medically necessary.