

Case Number:	CM14-0040941		
Date Assigned:	06/30/2014	Date of Injury:	09/25/2006
Decision Date:	08/25/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/08/2014

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 65-year-old female who reported an injury on 09/25/2006. The mechanism of injury was not specifically stated. Current diagnoses include lumbar postlaminectomy syndrome, displacement of lumbar disc without myelopathy, lumbosacral radiculitis, and trochanteric bursitis. The injured worker was evaluated on 03/13/2014 with complaints of low back pain, right sciatica and neck pain. The injured worker does maintain a past medical history of a lumbar fusion at L3-4 and a cervical spine anterior fixation at C4-7. Current medications include Celebrex 200 mg, Flector patch, oxycodone 15 mg and tramadol 50 mg. Physical examination on that date revealed right sciatic notch tenderness. Range of motion was not tested secondary to the severe nature of pain. Treatment recommendations included the continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Osteoarthritis, Back pain - chronic low back pain, Neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. The injured worker does not maintain any of the above-mentioned diagnoses. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.

Flector patches 1.3%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Pain.

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized, controlled trials to determine efficacy or safety. As per the documentation submitted, the injured worker has utilized Flector patch since 07/2013 without any evidence of objective functional improvement. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.

Neurontin 300 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state that gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. As per the documentation submitted, the injured worker's current medication regimen does not include Neurontin 300 mg. There is no evidence of this injured worker's current utilization of this medication. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.

Tramadol 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has utilized tramadol 50 mg since 07/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.