

Case Number:	CM14-0047063		
Date Assigned:	07/02/2014	Date of Injury:	04/12/2000
Decision Date:	12/12/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 Neurology 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 (IW) is a 59 year-old female for whom records report a date of injury as 4/12/2000. It is reported that her chronic use of a computer at work (undisclosed occupation) caused an injury to her right shoulder. Pain from this injury is noted to have "progressed to other extremities and in severity" leading to an eventual diagnosis of Complex Regional Pain Syndrome (CRPS) in 2002. The IW complains of constant and continuous pain involving "multiple joints including her digits, forearms, neck, shoulders, elbows, feet, chest wall, eyes, back and left lower extremities." It is reported she has severe osteoarthritis of multiple joints with skin involvement and also reports tracheal pain and TMJ pain as well as persistent dizziness and decreased vision. It is noted that the physical exam is limited due to pain exacerbation (Physician encounter dated 2/27/2014). In a clinical encounter dated 2/7/2014, the IW reports "waves" of extreme pressure and pain in her neck and shoulders and into her arms which cause her shortness of breath, nausea, and an inability to move her extremities. Review of systems notes that the IW reports: fatigue, weakness, blurry vision, eye pain, chest pain, irregular heartbeat, dizziness, shortness of breath, depression, anxiety, hearing loss and ringing. There is muscle pain and spasm, joint- pain, swelling, and deformity, loss of range of motion, changes in fingernails and toenails and skin, and pain to light touch. The IW also reports balance and coordination difficulties secondary to vertigo from cochlear disease. Her medical history includes: glaucoma, cochlear hydrops, osteoarthritis in most joints, cardiac disease status post-myocardial infarction (date not specified), cervical and lumbar degenerative disc disease with radiculopathy to upper and lower extremities (no diagnostic reports provided for review), and blindness in left eye and limited sight in right eye. Also noted in the mental status exam are long-term and short-term memory problems. On 2/27/2014, the report records only a height under "vitals" but notes for "heart" as "RRR" (assumed to mean 'regular rate and rhythm'). No

blood pressure or other objective vitals are reported in the exams provided for review. The briefly summarized neurological exam of 2/7/2014 notes painful response to non-painful stimuli in the lateral aspects of upper and lower extremities; tenderness at the Sacroiliac joint and sciatic notches; normal and symmetric deep tendon reflexes; no ankle clonus; and negative Hoffman's test. Also reported is reduced grip strength bilaterally. There is note of loss of normal hair pattern on lower extremities; excessive perspiration of the right upper extremity with a "temperature difference" noted (it is unclear if this is the patient's perception or if an objective temperature difference was clinically measured as no detail is provided to that effect); and mottled skin is apparent in both upper extremities with darker tones found on the right upper extremity. A clinical encounter dated 9/5/2013 reports that Neurontin and Celebrex are being used to treat the IW's pain complaints; Lorazepam is being used to treat sleep difficulties. There is note that non-selective NSAIDs are not tolerated due to the IW's gastrointestinal bleeding events. It is apparent from the recent clinical reports that this medication regimen has continued since 9/5/2013. There is note that the patient herself reports that her cardiologist approves of the medication treatment plan. A request for the following medications/dosages/refills was made on 2/27/2014: 1) Neurontin 100 mg, 1-4 tabs daily, qty #120 with six refills; 2) Lorazepam 1 mg nightly qty #30 with six refills; and 3) Celebrex 200 mg twice daily qty #60 with six refills. This request was non-certified in a utilization review dated 3/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100 mg. 1-4 tabs daily, #120, refill X 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): Pages: 19-21; 24; 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Antiepilepsy drugs, AEDs Page(s): 18. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up-To-Date, Gabapentin, 11/5/2014

Decision rationale: The use of Gabapentin (generic for Neurontin) for the treatment of Complex Regional Pain Syndrome is recommended by the MTUS (Anticonvulsants, Antiepilepsy drugs, AEDs, pp.18). This patient has been diagnosed with CPRS. It is reported that the IW is using the medication responsibly and is monitoring the side-effects. It should be noted, however, that the patient does report persistent dizziness, and dizziness is a commonly reported (>10%) side-effect of this medication (Up-To-Date, 11/5/2014). The patient should be educated to these effects should dizziness complaints persist or its source become a greater concern.

Lorazepam 1 mg. every hs. (bedtime) # 30, refill X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up-To-Date, Lorazepam, 11/5/2014

Decision rationale: Lorazepam (generic for Ativan) is indicated for the short-term treatment (up to four months) of anxiety disorders or anxiety/stress-associated insomnia (Up-To-Date, Lorazepam, 11/5/2014). A Benzodiazepine, Lorazepam is an effective anxiolytic due to its sedative and hypnotic properties. It also acts as an anticonvulsant and a muscle-relaxant. The MTUS specifies that benzodiazepines are not recommended for long term use, and most guidelines limit its use to no more than four weeks. Tolerance to its hypnotic/sedative effects develop quickly; tolerance to the anxiolytic effects are noted to occur within months. Anxiety symptoms may actually increase with its long-term use, and dependency may develop with prolonged use. Its use is also contraindicated in patients with narrow-angle glaucoma and may cause diplopia and blurred vision (Up-To-Date, Lorazepam, 11/5/2014). This patient reports glaucoma and blurred vision, and should not therefore be using Lorazepam. Other known adverse reactions are skin disturbances such as alopecia and skin rash, and problems with memory or memory loss - all of which the patient reports, and for which differential diagnoses or additional investigation may be warranted. Regardless, records indicate that this patient has been using Lorazepam since at least 9/5/2014, which indicates that its use has long-since exceeded the recommended duration of treatment. The request for Lorazepam is not medically necessary.

Celebrex 200 mg., 1 tab BID (twice per day) prn (as needed) daily, # 60, refill X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up-To-Date, Celecoxib/Celebrex, 11/5/2014

Decision rationale: Celebrex is a selective COX-2 inhibitor and is used for the treatment of pain secondary to inflammation when non-specific non-steroidal anti-inflammatories (NSAIDs) are poorly tolerated due to the risk for gastrointestinal events. Non-aspirin NSAIDs carry significant risk for cardiovascular thrombotic events, and COX-2 inhibitors (i.e., Celebrex) carry the highest risk. (MTUS, NSAIDs, GI symptoms & cardiovascular risk, p. 68-69). These risks include myocardial infarction, stroke, or new onset or worsening of pre-existing hypertension and may be increased with duration of use or where there are pre-existing cardiovascular risk factors or cardiovascular disease (Up-To-Date, Celecoxib/Celebrex, 11/5/2014). This patient reports a medical history of myocardial infarct and cardiac disease. The MTUS states that patients with cardiovascular disease at risk for gastrointestinal events (e.g., history of GI bleed, also reported by the patient) should pursue non-pharmacological options first. Where that fails and long-term therapy is required, Naproxen is preferred. If naproxen is ineffective, then a low-dose COX-2 plus aspirin plus a proton pump inhibitor is recommended. The records do not indicate that the patient is also using aspirin nor a PPI with her continued use of Celebrex. While the IW subjectively reports that her cardiologist approves of her medication use, there are no

cardiologist reports included or referenced by the treating physicians which might objectively substantiate that this patient's cardiac risk is being routinely monitored. There are no notes which indicate the means by which her cardiac disease is being managed. Vitals recorded at clinical visits are absent to note the patient's blood pressure -- even as she reports new symptoms of "irregular" heartbeat, chest pain, shortness of breath, and waves of extreme pain/pressure into her arms with concordant nausea. Without concomitant use of aspirin and an appropriate PPI, use of Celebrex is not medically necessary.