

Case Number:	CM14-0058663		
Date Assigned:	08/06/2014	Date of Injury:	09/05/2007
Decision Date:	09/10/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/29/2014

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 Pain Medicine and is licensed to practice in Texas. 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:

This is a 55 year old female injured worker who sustained multiple work related injuries. Her date of injury is 09/05/2007. She is noted to have, chronic low back pain with radiation into the lower extremities, and sustained injuries to the bilateral knees with evidence of posttraumatic osteoarthritis. The injured worker has a failed back surgery syndrome, and subsequently has been maintained on oral medications. The record notes dated 10/21/13 for the urine drug screen was consistent with her medication profile. Per clinical note dated 03/11/14, the injured worker was trialed on Nucynta with no apparent benefit. The record contains an electro diagnostic studies Electromyogram and Nerve Conduction Studies (EMG/NCV) which documents a left L4 radiculopathy. The records indicate, that the injured worker has undergone a series of Orthovisc injections for her knee pain without substantive benefit. MRI of the lumbar spine dated 06/17/13 notes; 2-3 mm disc bulges with ligamentous and facet hypertrophy at L1-2 and L2-3. At L3-4 there is, ligamentous and facet hypertrophy with a 3-4 mm disc bulge. There is moderate bilateral neural foraminal compromise noted right greater than left, and spinal stenosis is also noted. At L4-5 there is a loss of disc height with disc degeneration, and hypertrophic changes. There is a 4-5 mm disc protrusion, with moderate to high grade bilateral neural foraminal compromise without spinal stenosis. At L5-S1 there is a 3 mm disc protrusion with a high intensity zone and no stenosis. EMG/NCV dated 06/18/13 compared to a prior study notes a chronic left L4 radiculopathy unchanged. There is evidence of a left peroneal neuropathy at the level of the ankle. On physical examination, there is moderate tenderness noted about the knee, shoulders, neck, back, wrists and hands. Also noted, the injured worker ambulates with the use of a cane and the records further report gastritis secondary to chronic medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400mg, qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for Gabapentin 400 mg #60 is recommended as medically necessary. The submitted clinical records indicate that the injured worker has a failed back surgery syndrome and a chronic L4 radiculopathy for which this medication would be clinically indicated.

Nucynta ER 100mg, qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Nucynta ER 100 mg #60 is not supported as medically necessary. The submitted clinical records indicate, that the injured worker has been trialed on Nucynta since 04/2014. The records consistently indicate that despite being on this medication her pain levels are 9/10 on the visual analog scale. Further, the record contains no data which indicates that this medication has resulted in any functional improvements. As such, the medical necessity for continuation of this medication has not been established.

Nucynta 50mg, qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Nucynta 50 mg #90 is not supported as medically necessary. The submitted clinical records indicate, that the injured worker has been trialed on Nucynta since 04/2014. The records consistently indicate that despite being on this medication her pain levels are 9/10 on the visual analog scale. Further, the record contains no data which indicates that this medication has resulted in any functional improvements. As such, the medical necessity for continuation of this medication has not been established.

Voltaren gel 1% qty 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 67-73, 111-113.

Decision rationale: The request for Voltaren gel 1% qty 2 is not supported as medically necessary. The submitted clinical records indicate, that the injured worker has previously been provided voltaren gel for use in her bilateral knees. However, the record provides no data which establishes that this topical anti-inflammatory has resulted in any substantive improvement in her bilateral knee pain. As such, medical necessity is not established.

Celebrex 200 mg qty 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex; NSAIDs Page(s): 30, 67-73.

Decision rationale: The request for Celebrex 200 mg #60 is recommended as medically necessary. The records reflect, that the injured worker has a diagnosis of bilateral knee osteoarthritis for which this medication would be indicated. It is further noted that she has medication induced gastritis and as such the use of a cox 2 inhibitor would be clinically indicated and therefore medically necessary.

Aciphex 20 mg qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: The request for Aciphex 20 mg #30 is recommended as medically necessary. The submitted clinical records indicate, that the injured worker has chronically been maintained on oral medications and subsequently has developed medication induced gastritis. The records reflect that the use of Aciphex has controlled these symptoms and therefore medical necessity is established.