

Case Number:	CM14-0067236		
Date Assigned:	07/11/2014	Date of Injury:	01/24/2012
Decision Date:	10/08/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/12/2014

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 is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, elbow pain, neck pain, arm pain, and hand pain reportedly associated with an industrial injury of January 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; topical agents; earlier cubital tunnel release surgery; and adjuvant medications. In a Utilization Review Report dated May 7, 2014, the claims administrator denied a request for gabapentin and Celebrex on the grounds that the applicant had reportedly failed to profit from the medications at issue. The applicant's attorney subsequently appealed. In an April 22, 2014 progress note, the applicant was apparently having issues with lack of sleep and severe pain. The applicant's small finger was insensate, it was stated. The cubital tunnel release surgery was reportedly unsuccessful. Gabapentin, Lidoderm, and Celebrex were refilled, without any explicit discussion of medication efficacy. The applicant's work status was not clearly outlined. In a November 22, 2013 progress note, the applicant was described as having a variety of multifocal elbow, shoulder, wrist, forearm, and hand pain with associated paresthesias, depression, insomnia, dyspepsia, and tearfulness. In a February 11, 2014 progress note, the applicant was described as carrying diagnoses of multifocal myofascial pain, neuropathy, elbow epicondylitis, reflux, anxiety, insomnia, depression, and chronic pain. Ativan, Voltaren, Celebrex, and Prilosec were endorsed while the applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, however, the information on file suggests that the applicant's pain complaints are heightened from visit to visit, as opposed to reduced from visit to visit, despite ongoing gabapentin usage. The applicant does not appear to be working. One of the applicant's digits is insensate. The attending provider has failed to outline any tangible or material decrements in pain or improvements in function achieved as a result of ongoing gabapentin usage. Therefore, the request is not medically necessary.

Celebrex 500 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are indicated in applicants who are at heightened risk for gastrointestinal complaints, in this case, however, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. The applicant's pain complaints are seemingly heightened from visit to visit, as opposed to reduced from visit to visit, despite ongoing Celebrex usage. Ongoing usage of Celebrex has failed to curtail the applicant's dependence on other medications. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Celebrex usage. Therefore, the request is not medically necessary.