

Case Number:	CM13-0033290		
Date Assigned:	12/06/2013	Date of Injury:	03/19/1997
Decision Date:	12/10/2015	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Mississippi
 Certification(s)/Specialty: Family Practice

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 patient is a 49 year old male who reported injury on 03/19/1997. The mechanism of injury was not provided. The patient was noted to be in the office for medication refills. The patient was noted to have diagnoses of failed back surgery syndrome, status post excellent spinal cord stimulator trial, and chronic opioid therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #30: Upheld

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

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

Decision rationale: 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 documentation submitted

for review indicated that the patient's pain was an aching sensation that was deep and continuous with flares from sitting or standing too long. The pain was noted to be transversely across the low back and into both legs. The patient was noted to have pain that interfered with the ability to enjoy activities. However, there was a lack of documentation indicating the efficacy of the requested medication. Given the above, the request for Neurontin 300mg #30 is not medically necessary.

Celebrex 200mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 22.

Decision rationale: California MTUS guidelines indicates that Celebrex is an NSAID and is the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The clinical documentation submitted for review failed to provide the objective functional benefit the patient received from the medication. Additionally, there was a lack of documentation per the submitted request for the quantity of medication being requested. Given the above, the request for Celebrex 200mg is not medically necessary.