

Case Number:	CM14-0189182		
Date Assigned:	11/20/2014	Date of Injury:	10/20/2004
Decision Date:	01/08/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 73 year old female who was injured on 10/20/2004. She was diagnosed with lumbar pain, sciatica, and lumbar radiculopathy. She was treated with lumbar epidural injection, medications, activity modification, trigger point injections, and physical therapy (at least 12 sessions). On 10/7/14 (the most recent progress note provided for review prior to the request date), the worker was seen by her treating provider for a follow-up after her recent cervical MRI which showed moderate to severe multilevel foraminal stenosis from degenerative disc disease and incidentally an enlarged pituitary defect and a large mass in her airway. She reported the same pain as previous visits which included neck pain radiating to her right shoulder and arm and low back pain with left leg radiculopathy. Previous office visits suggested that her Norco and Celebrex use helps relieve her pain and increase her range of motion as well as experience improved sleep; however, this specific report was not included in the most recent progress note. Physical examination revealed obesity, tenderness of the lumbar area, and decreased sensation of the T12, L1, L2, L3, L4, S2, and S1 dermatomes on the left leg. She was then recommended a lumbar epidural injection. Weeks later, a request for continuation of her medications (including Celebrex and Lyrica) and a request for additional physical therapy was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg 2 Times a Day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

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

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was a history of elevated cholesterol and hypertension which are relative contraindications for long-term use of NSAIDs. A request for both Celebrex and Mobic was submitted. Using two NSAIDs increases her risk of cardiovascular events considerably more. Also, there was no documented measurable report of Celebrex or Mobic having provided functional and pain reducing benefit, as this was not included in the notes provided for review. Considering the potential risks with continued use and lack of evidence of benefit, continuation of Celebrex and Mobic would be inappropriate and are both medically unnecessary.

Lyrica 75mg 2 Times a Day #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 (ODG), Anti-Epilepsy Drug (AED)

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

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects are required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, she had been using Lyrica for her radicular symptoms; however, there was no documentation included providing quantitative evidence showing functional improvement as well as symptom reduction with the use of Lyrica. Without this documented evidence of benefit, the Lyrica must be considered medically unnecessary to continue.

Mobic 7.5mg 2 Times a Day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

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

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was a history of elevated cholesterol and hypertension which are relative contraindications for long-term use of NSAIDs. A request for both Celebrex and Mobic was submitted. Using two NSAIDs increases her risk of cardiovascular events considerably more. Also, there was no documented measurable report of Celebrex or Mobic having provided functional and pain reducing benefit, as this was not included in the notes provided for review. Considering the potential risks with continued use and lack of evidence of benefit, continuation of Celebrex and Mobic would be inappropriate and are both medically unnecessary.

Physical Therapy 3 Times a Week for 4 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. In the case of this worker, who had completed at least 12 sessions of physical therapy in the recent history of her chronic pain, let alone other likely physical therapy sessions following her injury which was about 10 years ago, it is unclear why supervised passive physical therapy is still being recommended as opposed to continuation or refining of her home exercise routine, if she is performing these exercises, which was not reported in the notes available for review to confirm. Without a documented explanation as to why this worker requires continued supervised therapy, the request is considered medically unnecessary.