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| Case Number: | CM14-0198547 | | |
| Date Assigned: | 12/08/2014 | Date of Injury: | 06/27/2006 |
| Decision Date: | 01/26/2015 | UR Denial Date: | 11/14/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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 Internal Medicine, has a subspecialty in Hospice and Palliative medicine and is licensed to practice in Pennsylvania. 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 is a 60-year-old woman with a date of injury of 06/27/2006. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/08/2014 and 11/05/2014 indicated the worker was experiencing lower back pain that went into the left leg. Documented examinations were not provided. The submitted and reviewed documentation concluded the worker was suffering from disk disease at L2-3 and L3-4 adjacent to a prior fusion. Treatment recommendations included oral pain medications, home physical therapy, lower back x-rays, and follow up care. A Utilization Review decision was rendered on 11/14/2014 recommending non-certification for an indefinite supply of Neurontin (Gabapentin) 300 mg and sixty tablets of Celebrex (Celecoxib) 200 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

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

Decision rationale: Celebrex (Celecoxib) is a medication in the selective non-steroidal anti-inflammatory drug (NSAID) class. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation concluded the worker was suffering from disk disease at L2-3 and L3-4 adjacent to a prior fusion. The recorded pain assessments were minimal and did not describe improved pain intensity or function with this medication, document examination findings, or detail the worker's individualized risk. In the absence of such evidence, the current request for sixty tablets of Celebrex (Celecoxib) 200 mg is not medically necessary.

Neurontin 300 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19.

Decision rationale: Neurontin (Gabapentin) is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted and reviewed documentation concluded the worker was suffering from disk disease at L2-3 and L3-4 adjacent to a prior fusion. The recorded pain assessments were minimal and did not document examination findings. Further, the request was made for an indefinite supply, which does not account for potential changes in the worker's overall health or treatment needs. In the absence of such evidence, the current request for an indefinite supply of Neurontin (Gabapentin) 300 mg is not medically necessary.