

Case Number:	CM14-0206673		
Date Assigned:	12/16/2014	Date of Injury:	11/09/1998
Decision Date:	02/17/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/10/2014

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 low back pain with derivative complaints of psychological stress, major depressive disorder, and generalized anxiety disorder reportedly associated with an industrial injury of November 9, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and earlier lumbar laminectomy surgery. In a Utilization Review Report dated November 5, 2014, the claims administrator denied requests for Neurontin, amitriptyline, Celebrex, and Motrin. The claims administrator cited a variety of non-MTUS guidelines at the bottom of its report, none of which were incorporated into the report rationale. The claims administrator also referenced an October 28, 2014 progress note in its determination. On October 27, 2014, the applicant reported ongoing complaints of low back pain, major depressive disorder, anxiety, and psychological stress. The applicant was 61 years old. Highly variable pain ranging from 6.5-10/10 was appreciated. The applicant was using a cane to move about. The applicant was having difficulty performing activities of daily living as basic as bathing and dressing secondary to pain. The applicant was reportedly using Elavil for pain and sleep. The attending provider stated that the applicant was using Elavil irregularly. The applicant's medication list reportedly included Celebrex, Motrin, Elavil, Zestril, Neurontin, and Prilosec. The applicant exhibited guarded movements on exam and a depressed and flattened affect. The applicant was using a cane to move about. The applicant's work status was not clearly stated, although it did not appear that the applicant was working with permanent limitations in place. Multiple medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Neurontin 100 Mg Capsule, Qty 90 Capsules, 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, www.RxList.com, ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com-Epocrates Online, www.online-epocrates.com and www.angencymeddirectors.wa.gov

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

Decision rationale: No, the request for Neurontin (gabapentin) was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, it does not appear that the applicant is working with previously imposed permanent limitations. The applicant continues to report pain complaints so severe that they are impacting his ability to perform activities of daily living as basic as standing, walking, ambulating, bathing himself, dressing himself, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Neurontin (gabapentin). Therefore, the request was not medically necessary.

Amitriptyline 25 Mg Tablet, Qty 60 Tablets, 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, www.RxList.com, ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com-Epocrates Online, www.online-epocrates.com and www.angencymeddirectors.wa.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline, Functional Restoration Approach to Chronic Pain Management Page(s): 13; 7.

Decision rationale: Similarly, the request for amitriptyline (Elavil) was likewise not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that amitriptyline (Elavil) is a first-line agent for neuropathic pain/chronic pain, this recommendation, however, is qualified by commentary made 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. Here, the applicant is seemingly off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant is having difficulty performing activities of daily living as basic as standing, walking, ambulating, bathing himself, and dressing himself, despite ongoing usage of amitriptyline. The applicant is apparently incompletely compliant with the same. Ongoing usage of amitriptyline has failed to curtail the

applicant's dependence on various other analgesic medications, such as Celebrex and Motrin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Celebrex 100 Mg Capsule, Qty 60 Capsules, 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, www.RxList.com, ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com-Epocrates Online, www.online-epocrates.com and www.angencymeddirectors.wa.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: Similarly, the request for Celebrex, a COX-2 inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are indicated in the treatment of applicants with a history of or risk factors for gastrointestinal complications, this recommendation, however, is qualified by commentary made 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 and should, furthermore, incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the attending provider has not furnished a compelling rationale or basis for provision of two separate anti-inflammatory medications, Celebrex and ibuprofen. Additionally, ongoing usage of Celebrex has failed to ameliorate the applicant's ability to perform activities of daily living, including standing, walking, bathing, dressing, etc. The applicant is still using a cane to move about. The applicant does not appear to be working with permanent work restrictions in place. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Celebrex. Therefore, the request was not medically necessary.

Ibuprofen 800 Mg Tablet, Qty 90 Tablets, 2 Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, www.RxList.com, ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com-Epocrates Online, www.online-epocrates.com and www.angencymeddirectors.wa.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: Finally, the request for ibuprofen (Motrin), an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made 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 and should, furthermore, base its choice of pharmacotherapy on applicant-specific variables such as "other medications." Here, the attending provider has not outlined a clear or compelling rationale for ongoing usage of two separate anti-inflammatory medications, Motrin and Celebrex, nor did the attending provider establish the presence of any material benefit achieved as a result of the same. The applicant remains off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit, despite ongoing usage of ibuprofen. The applicant is having difficulty performing activities of daily living as basic as standing and walking. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of ibuprofen. Therefore, the request was not medically necessary.