

Case Number:	CM15-0000130		
Date Assigned:	01/09/2015	Date of Injury:	07/26/2000
Decision Date:	03/09/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 55 year old male, who sustained an industrial injury on 7/26/00. The injured worker had complaints of low back pain. Diagnoses included neck pain, post lumbar fusion, chronic back pain, and peripheral neuropathy. The injured worker underwent low back surgery with L4-S1 decompression and fusion. The injured worker also received physical therapy and took medications for pain control. On 12/31/14 the injured worker submitted an application for IMR for review of Pamelor 50mg #30 capsules, and Celebrex 200mg #30 capsules, and Neurontin 400mg #120 capsules. On 12/3/14 Utilization Review non-certified Pamelor 50mg #30 capsules, Celebrex 200mg #30 capsules, and Neurontin 400mg #120 capsules. The MTUS Guidelines were cited. The utilization review physician noted the clinical information lacks documentation related to the functional therapeutic benefit in the medications being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 50mg #30 capsules: Overturned

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 chronic pain Page(s): 13. Decision based on Non-MTUS Citation chronic pain, TCA's

Decision rationale: MTUS states; Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. ODG states Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. The treating physician has provided evidence of improved pain control and improved function, noting in the record that pain is reduced and activity level increased. It is also noted in multiple instances that the individual is tolerating the medication well. Per the ODG the dosing is appropriate and has been managed in the correct fashion. As such, I am reversing the prior decision and find the request for pamelor 50mg x30 to be medically necessary.

Celebrex 200mg #30 capsules: 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 Guidelines Anti-inflammatory medications, Celebrex, NSAIDs Page(s): 22,30,70. Decision based on Non-MTUS Citation Pain, NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: Anti-inflammatory medications are the traditional first line treatment for pain, but COX-2 inhibitors (Celebrex) should be considered if the patient has risk of GI complications, according to MTUS. The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications. Risk factors for GI bleeding according to ODG include: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID (e.g., NSAID + low-dose ASA). There is no listed GI diagnosis or subjective GI complaint in the provided record that would indicate COX-2 inhibitors for use in this individual. As such, the request for celebrex 200mg x30 is deemed not medically necessary.

Neurontin 400mg #120 capsules: Overturned

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-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin[®]; 1/2)

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended. Additionally, ODG states that Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain?. The treating physician does document neuropathic pain in the lower extremities and documents a generalized functional improvement. This individual has been receiving gabapentin for an extended period so the trial for effect must be assumed. Based on the clinical documentation provided, I am reversing the prior decision and deem the medication to be medically necessary.