

Case Number:	CM15-0144399		
Date Assigned:	08/05/2015	Date of Injury:	01/01/2008
Decision Date:	09/01/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/24/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 66 year old male, who sustained an industrial injury on January 1, 2008. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included hinged knee brace, cane, home exercise program, physical therapy, surgery, acupuncture, CBT, electrodiagnostic study, lumbar epidural steroid injection, MRI, chiropractic, selective nerve root block, toxicology screen, and CT scan. Currently, the injured worker complains of worsening low back, right hip and left knee pain. The low back and knee pain is described as constant, shooting, radiating and numbing and is rated at 3-8 on 10. The pain is aggravated by prolonged sitting and activity and decreased by rest and pain medication. The injured worker is diagnosed with degenerative joint disease (hip), displaced lumbar disc with myelopathy, sacroiliac ligament, chronic pain syndrome and degenerative joint disease (knee). His work status is modified. A progress noted dated June 8, 2015, states the injured worker experienced some support and stability from the hinged knee brace. A progress note dated June 18, 2015 states the injured worker experiences pain relief from medication (4 on 10 with medication and 7 on 10 without) that lasts for 6 hours. The note also states the injured worker experiences decreased function and ability to engage in activities of daily living without his medication. The injured worker's response to the home exercise program, physical therapy, acupuncture, lumbar epidural injection, nerve root block and chiropractic care was not included in the documentation. The following medications, Mobic 7.5 mg #25 (for pain relief) and Horizant 600 mg #30 (pain relief) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #25: 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 NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mobic 7.5mg #25 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in a knock at all terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are DJD hip; displaced lumbar disc and myelopathy; sacroiliac ligament; and chronic pain syndrome. Date of injury is January 1, 2008. The request for authorization is dated June 22, 2015. According to the utilization review, a progress note dated December 29, 2014 indicates Mobic 7.5 and Horizant were certified under the condition the treating provider would wean the respective medications if there was no objective functional improvement. The start date for Mobic and Horizant are not specified in the medical record. According to a February 3, 2015 progress note, the medications were not certified. The earliest progress note containing prescriptions for Mobic and Horizant is dated January 9, 2015. Subjectively, the injured worker complained of low back pain, right hip pain and left knee pain with pain score of 6/10. According to a March 25, 2015 progress note, the injured worker remained on the same medications with a 7/10 pain score. There was no documentation demonstrating objective functional improvement. The most recent progress note dated June 18, 2015 contains a pain score of 6/10. Subjective complaints remain the same. There were no neuropathic symptoms. Objectively, the documentation indicates tenderness to palpation of the lumbar spine. There was no neurologic evaluation. There were no neuropathic objective findings. Consequently, absent clinical documentation demonstrating objective functional improvement, subjective improvement and an attempt to wean Mobic, Mobic 7.5mg #25 is not medically necessary.

Horizant 600mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Horizant (Gabapentin) 600 mg #30 is not medically necessary. Is Topamax is an antiepileptic drug recommended for neuropathic pain, but not somatic pain. Topamax has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of a central ideology. It is still considered for use of neuropathic pain when other anticonvulsants failed. In this case, the injured worker's working diagnoses are DJD hip; displaced lumbar disc and myelopathy; sacroiliac ligament; and chronic pain syndrome. Date of injury is January 1, 2008. The request for authorization is dated June 22, 2015. According to the utilization review, a progress note dated December 29, 2014 indicates Mobic 7.5 and Horizant were certified under the condition the treating provider would wean the respective medications if there was no objective functional improvement. The start date for Mobic and Horizant are not specified in the medical record. According to a February 3, 2015 progress note, the medications were not certified. The earliest progress note containing prescriptions for Mobic and Horizant is dated January 9, 2015. Subjectively, the injured worker complained of low back pain, right hip pain and left knee pain with pain score of 6/10. According to a March 25, 2015 progress note, the injured worker remained on the same medications with a 7/10 pain score. There was no documentation demonstrating objective functional improvement. The most recent progress note dated June 18, 2015 contains a pain score of 6/10. Subjective complaints remain the same. There were no neuropathic symptoms. Objectively, the documentation indicates tenderness to palpation of the lumbar spine. There was no neurologic evaluation. There were no neuropathic objective findings. Consequently, absent clinical documentation with evidence of neuropathic symptoms and signs, documentation demonstrating objective functional improvement and a detailed neurologic evaluation, Horizant (Gabapentin) 600 mg #30 is not medically necessary.