

Case Number:	CM15-0145546		
Date Assigned:	08/06/2015	Date of Injury:	02/21/2008
Decision Date:	09/14/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 39 year old male, who sustained an industrial injury on 2-21-08. The injured worker was diagnosed as having right shoulder full thickness rotator cuff tear with adhesive capsulitis, lumbar disc injury, bilateral knee chondromalacia, and left shoulder impingement syndrome with acromioclavicular joint pain, rotator cuff tearing, and adhesive capsulitis. Treatment to date has included medication. On 5-8-15 shoulder pain was rated as 6 of 10 and low back pain was rated as 4 of 10. On 6-12-15 shoulder pain was rated as 4 of 10, low back pain was rated as 4 of 10, bilateral knee pain was rated as 5 of 10, and head pain rated as 3 of 10. Currently, the injured worker complains of bilateral shoulder pain, low back pain, bilateral knee pain, and head pain. The treating physician requested authorization for Gabapentin 600mg #60 with 2 refills and Celebrex 200mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg Qty 60 with 2 refills, 1 by mouth 3 times daily: 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
Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: "Gabapentin (Neurontin) 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". Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.

Celebrex 200 mg Qty 60 with 2 refills, 1 by mouth 2 times daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
NSAIDs (non steroidal anti inflammatory drugs).

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

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. In addition, the claimant had been on Diclofenac with a PPI for the months prior also without mention of GI risk factors. Pain score reduction with use of medication is unknown. The Celebrex is not medically necessary.