

Case Number:	CM15-0147473		
Date Assigned:	08/10/2015	Date of Injury:	08/18/2007
Decision Date:	09/10/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic neck, back, knee, leg, and hand pain reportedly associated with an industrial injury of August 18, 2007. In a Utilization Review report dated July 28, 2015, the claims administrator failed to approve requests for Celebrex, Neurontin, and Norco. The claims administrator referenced an RFA form received on July 21, 2015 in its determination, along with a progress note of June 11, 2015. The applicant's attorney subsequently appealed. On July 16, 2015, the applicant reported multifocal complaints of knee, low back, and neck pain. The applicant's had comorbidities including diabetes, hypertension, dyslipidemia, it was reported. The applicant was on Glucophage, Paxil, Prilosec, Neurontin, Norco, Motrin, and Diovan, it was reported. The applicant's permanent work restrictions were renewed. A multidisciplinary pain management program was sought. No seeming discussion of medication efficacy transpired. The applicant's gastrointestinal review of systems was negative for any issues with dysphagia or heartburn, it was reported. In an RFA form dated July 21, 2015, Prilosec, Norco, Celebrex, Neurontin, and Ambien were renewed. In an associated progress note of June 23, 2015, the applicant reported ongoing complaints of low back, neck, and leg pain. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. Multiple medications were renewed. The applicant's work status was not detailed, although it did not appear that the applicant was working. On June 11, 2015, additional physical therapy and aquatic therapy were purposed. The applicant had undergone left and right carpal tunnel release surgeries. It was reported that the applicant was using cane to move about. Permanent work restrictions were renewed. Once again, it was not

explicitly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: No, the request for Celebrex, a COX-2 inhibitor, was 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 may be considered in applicants who are at heightened risk of developing GI complications, this recommendation is, however, qualified by commentary made on Page of 7 of MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, no seeming discussion of medication efficacy transpired on July 15, 2015. It did not appear, however, that the applicant was working at that point in time. The attending provider's suggestion that the applicant pursue a chronic pain program and functional restoration program suggested that the applicant was not, in fact, working. Ongoing usage of Celebrex failed to curtail the applicant's dependence on opioid agents such as Norco. While the applicant's pain management physician did state on June 23, 2015 that ongoing medication consumption was beneficial, this was neither elaborated nor expounded upon and was outweighed by the attending provider's failure to outline the specific functions or functionalities ameliorated as a result of ongoing Celebrex usage (if any), the applicant's seeming failure to return to work, the attending provider's decision to renew permanent work restrictions, unchanged, from visit to visit, and the failure of Celebrex to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Gabapentin 300mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

Decision rationale: Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, progress notes of June 23, 2015 and July 15, 2015 failed to outline specific functions or functionalities ameliorated as a result of ongoing gabapentin usage (if any). Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as Norco and failed to reduce the applicant's work restrictions from visit to visit. It did not appear that the applicant was working with said permanent limitations in place, it was suggested above. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

Hydrocodone/Acetaminophen 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for hydrocodone/acetaminophen (Norco), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, it did not appear that the applicant was working with permanent limitations in place as of the office visits in question, June 11, 2015, June 23, 2015, and July 16, 2015. While the applicant's pain management physician stated on June 23, 2015, that the applicant's medications were beneficial, this was neither elaborated nor expounded upon. The attending provider(s) failed to outline specific functions or functionalities (if any) which have been ameliorated as a result of ongoing Norco usage. Therefore, request was not medically necessary.