

Case Number:	CM15-0147733		
Date Assigned:	08/10/2015	Date of Injury:	07/31/1981
Decision Date:	09/17/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/29/2015

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: North Carolina, Georgia
 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 74 year old female, who sustained an industrial injury on July 31, 1981. Treatment to date has included MRI of the lumbar spine on June 26, 2015, NSAIDS, orthotics, and pain medications. Currently, the injured worker complains of worsening low back pain with radiation of pain to the bilateral lower extremities. She reports difficulty in rising from a seated position and has occasional problems with ambulation. She reports a numbing sensation from the in the left thigh and right knee. On physical examination the injured worker has increased lumbar spasms in the paraspinous areas. She has stiff rotation and extension and positive straight leg raise test bilaterally. She has decreased sensation of the anterior lateral aspect of the left thigh. An MRI of the lumbar spine on June 26, 2015 revealed multilevel moderate to advanced spondylolisthesis, slight increased degree of degenerative disc change at L2-3 with slightly increased degree of severe left sided neural foraminal narrowing and severe central spinal canal stenosis at L4-5. The diagnoses associated with the request include low back strain and lumbar spine degenerative disc disease. The treatment plan includes Celebrex, Omeprazole, Neurontin, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. Celebrex is a Cox-2 specific NSAID and MTUS guidelines state that NSAID use guidelines apply to use of Celebrex. The request for Celebrex 200 mg #30 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as there is no documentation of length of prior treatment with this medication, response to this dose or of any trials of lower doses. Celebrex 200 mg #30 is not medically necessary.

Omeprazole 20 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and Omeprazole therefore is not medically necessary.

Neurontin 300 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 18-19.

Decision rationale: CA MTUS guidelines state that Gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that Gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the Gabapentin is prescribed for chronic pain with no evidence or documentation to suggest that the pain is neuropathic. It is not prescribed in the immediate post-operative period and therefore is not medically necessary.

Norco 10/325 mg, sixty count: 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 Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.