

Case Number:	CM15-0169201		
Date Assigned:	09/09/2015	Date of Injury:	07/28/2013
Decision Date:	10/30/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female who sustained an industrial slip and fall injury to her lower back on 07-28-2013. The injured worker was diagnosed with lumbar radiculopathy, myofascial pain syndrome, left facet, osteoarthritis and sacroiliitis. No surgical interventions were documented. According to the primary treating physician's progress report on July 28, 2015, the injured worker continues to experience a flare-up in her lower back limiting her ability to walk on a regular basis. Examination demonstrated point tenderness of her left sacroiliac joint with positive Fortin's, Patrick's and Gaenslen's tests. Forward flexion is documented at 80 degrees and extension at 10 degrees with an antalgic gait and functional strength. Prior treatments documented to date have included a sacroiliac joint injection with 50% improvement noted, physical therapy, home exercise program and medications. Current medications were listed as Celebrex, Lyrica, Tylenol ES and Lidocaine cream. On August 18, 2015, the provider requested authorization for Celebrex 100mg #30, Extra strength Tylenol 500mg #30, Lyrica 50mg #30 and a left sacroiliac (SI) injection. On 08-26-2015, the Utilization Review determined the requests were not medically necessary. Treatment plan consists of remaining active and performing home exercise program, continuing medication regimen, work restrictions and hour modifications and the current request for Celebrex 100mg #30, Extra strength Tylenol 500mg #30, Lyrica 50mg #30 and a left sacroiliac (SI) injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Page 22 of the CPMTG states "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients." Within the documentation available for review, there is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events. There is no documentation of failure of non-selective NSAIDs. Given this, the currently requested Celebrex is not medically necessary.

Lyrica 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Regarding the request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is documentation of reduction of pain by 60% with the use of Lyrica. However, there is no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested pregabalin (Lyrica) is not medically necessary.

Extra strength Tylenol 500mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

Decision rationale: Regarding the request for acetaminophen, Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) state on page 12: "Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs." Thus, this is a first line analgesic and is appropriate for short-term use. However, the patient has ongoing use of Tylenol without documented functional benefit and this medication is not used for short-term as recommended by guidelines. Acetaminophen needs to be monitored more closely for efficacy and side effects including elevation of liver transaminases. Therefore, the original request is not medically necessary.

Left sacroiliac joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip section - Sacroiliac injections.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for repeat sacroiliac joint injections, ACOEM and CA MTUS do not have guidelines regarding this request. The ODG states the following; "In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks." Within the documentation available for review, the patient had sacroiliac joint injection on an unknown date with only 50% pain relief for an unspecified amount of time. Without documentation of 70% reduction of pain for 6 weeks, the currently requested repeat sacroiliac joint injection is not medically necessary.