

Case Number:	CM15-0181912		
Date Assigned:	09/23/2015	Date of Injury:	12/29/2014
Decision Date:	10/27/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/15/2015

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: Massachusetts

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 21 year old female who sustained an industrial injury on 12-29-2014. Current diagnoses include lumbar radiculopathy and low back pain. Report dated 08-31-2015 noted that the injured worker presented with complaints that included a lower backache and poor sleep quality. Pain level was 3 out of 10 on a visual analog scale (VAS). Current medications include Celebrex, gabapentin, and Topamax. Physical examination performed on 08-31-2015 revealed tenderness and spasm of the lumbar spine, lumbar facet loading is positive, and straight leg raise is positive on both sides. Previous diagnostic studies included a urine drug screening and lumbar MRI. Previous treatments included medications, epidural steroid injection, and chiropractic treatments. The treatment plan included continuing gabapentin for neuropathic pain, Celebrex for pain relief, schedule repeat epidural steroid injection, schedule physical therapy, and return in 4 weeks. Work status was documented as modified duty. The injured worker was prescribed gabapentin since at least 08-03-2015 and Celebrex since at least 04-06-2015. The utilization review dated 09-18-2015, non-certified the request for gabapentin 300mg (1 month supply), and Celebrex 50mg (1 month supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg (1 month supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in December 2014 and continues to be treated for low back pain with lower extremity radicular symptoms. On 08/03/15, pain was rated at 3/10. Topamax was being prescribed. It was discontinued and gabapentin was started at a dose of 300-600 mg per day. She had stopped taking Advil due to stomach discomfort. When seen on 08/31/15 pain was rated at 3/10. Physical examination findings included a body mass index of nearly 30. Lumbar facet loading and straight leg raising were positive. There were paraspinal muscle spasms with tenderness and spinous process tenderness at L4 and L5. Celebrex was continued. Gabapentin was prescribed at the same dose. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is less than that recommended without documented efficacy of this medication at the current dose and no titration was being planned. Ongoing prescribing at this dose is not medically necessary.

Celebrex 50mg (1-month supply): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in December 2014 and continues to be treated for low back pain with lower extremity radicular symptoms. On 08/03/15, pain was rated at 3/10. Topamax was being prescribed. It was discontinued and gabapentin was started at a dose of 300-600 mg per day. She had stopped taking Advil due to stomach discomfort. When seen on 08/31/15 pain was rated at 3/10. Physical examination findings included a body mass index of nearly 30. Lumbar facet loading and straight leg raising were positive. There were paraspinal muscle spasms with tenderness and spinous process tenderness at L4 and L5. Celebrex was continued. Gabapentin was prescribed at the same dose. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, there is a history of intolerance to nonselective oral NSAID medications. Guidelines recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib). The usual maximum dose is 200 mg per day. The dose prescribed is consistent with that recommended. The request was medically necessary.