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| Case Number: | CM15-0182515 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 08/04/2010 |
| Decision Date: | 10/30/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 09/16/2015 |

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: Emergency 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 injured worker is a 49 year old male, who sustained an industrial injury on August 4, 2010. Medical records indicate that the injured worker is undergoing treatment for a lumbosacral sprain, dysthymic disorder, lumbar radiculitis, chronic pain syndrome, lumbar degenerative disc disease, low back pain, gastroesophageal reflux disease and depression. The injured worker was currently not working. On 8-28-15 the injured worker complained of low back pain and bilateral leg pain. The pain was described as aching and burning in the low back and right leg. The pain was noted to be worse with prolonged sitting, standing, walking, bending and lifting. The pain was better with medications and injections. The pain was rated 7-8 out of 10 without medications and 3-5 with medications. Examination of the lumbar spine revealed tenderness in the paraspinal muscles bilaterally over the sacrum. Range of motion was slightly decreased due to pain. Sensation was diminished in the right lower extremity. A straight leg raise test was positive on the right. Treatment and evaluation to date has included medications, MRI, psychiatric assessments and lumbar epidural steroid injections. Current medications include Gabapentin, Celebrex, Amitriptyline, Tramadol, Cymbalta, Zofran, Klonopin, Seroquel and a topical analgesic. The medications were noted to reduce the injured workers pain so that he could perform some activities, care for a grandchild and work around the house. The request for authorization dated 8-31-15 includes requests for Gabapentin 600 mg # 90 with 3 refills and Celecoxib 200 mg # 30 with 3 refills. The Utilization Review documentation dated 9-8-15 non-certified the requests for Gabapentin 600 mg # 90 with 3 refills and Celecoxib 200 mg # 30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, #90 with 3 refills: 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): Antiepilepsy drugs (AEDs).

Decision rationale: The requested Gabapentin 600mg, #90 with 3 refills, is medically necessary. The injured worker has low back pain and bilateral leg pain. The pain was described as aching and burning in the low back and right leg. The pain was noted to be worse with prolonged sitting, standing, walking, bending and lifting. The pain was better with medications and injections. Examination of the lumbar spine revealed tenderness in the paraspinal muscles bilaterally over the sacrum. Range of motion was slightly decreased due to pain. Sensation was diminished in the right lower extremity. A straight leg raise test was positive on the right. The pain was rated 7-8 out of 10 without medications and 3-5 with medications. The treating physician has documented the guideline mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above having been met, Gabapentin 600mg, #90 with 3 refills is medically necessary.

Celecoxib 200mg, #30 with 3 refills: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The requested Celecoxib 200mg, #30 with 3 refills, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted."The injured worker has low back pain and bilateral leg pain. The pain was described as aching and burning in the low back and right leg. The pain was noted to be worse with prolonged sitting, standing, walking, bending and lifting. The pain was better with medications and injections. Examination of the lumbar spine revealed tenderness in the paraspinal muscles bilaterally over the sacrum. Range of motion was slightly decreased due to pain. Sensation was diminished in the right lower extremity. A straight leg raise test was positive on the right. The pain was rated 7-8 out of 10 without medications and 3-5 with medications. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its

previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celecoxib 200mg, #30 with 3 refills is not medically necessary.