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| Case Number: | CM15-0188738 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 05/18/2015 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 08/28/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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

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 56 year old male, who sustained an industrial injury on 5-18-15. The injured worker was diagnosed as having lumbar disc displacement, lumbar sprain and inguinal hernia. Medical records (6-23-15 through 6-30-15) indicated the injured worker was working with modified duties and reported right hip pain. The physical exam on 7-7-15 revealed 8 out of 10 low back pain, lumbar flexion is 70 degrees, lateral bending is 40 degrees and a positive straight leg raise test on the right at 50 degrees. Treatment to date has included physical therapy and acupuncture (number of treatments not provided). Current medications include Celebrex, Gabapentin, L-Carnitine and Tylenol #3 (previous prescriptions not documented). As of the PR2 dated 8-11-15, the injured worker reported 8 out of 10 pain with radiation to the bilateral lower extremities. He indicated "some relief" from physical therapy and acupuncture. Objective findings include lumbar flexion is 70 degrees, lateral bending is 40 degrees and a positive straight leg raise test on the right at 50 degrees. The treating physician requested Tylenol #3 #60, Celebrex 200mg #30 and Gabapentin 550 mg. L-Carnitine 75 mg #60. On 8-11-15 the treating physician requested a Utilization Review for Tylenol #3 #60, Celebrex 200mg #30 and Gabapentin 550 mg. L-Carnitine 75 mg #60. The Utilization Review dated 8-28-15, non-certified the request for Tylenol #3 #60, Celebrex 200mg #30 and Gabapentin 550 mg. L-Carnitine 75 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 1 tab every 6 hrs #60: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 08/11/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities, rated 8/10. The request is for TYLENOL #3 1 TAB EVERY 6 HRS #60. Patient's diagnosis per Request for Authorization form dated 08/01/15 includes lumbar disc displacement, lumbar sprain and inguinal hernia. Physical examination to the lumbar spine on 08/11/15 revealed decreased range of motion and positive straight leg raise test on the right. Treatment to date has included imaging studies, physical therapy, acupuncture and medications. Patient's medications include Tylenol #3, Celebrex and Gabapentin. The patient is off-work, per 08/11/15 report. MTUS Guidelines, under the Criteria for initiating opioids, pages 76 to 78 recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities MTUS, MEDICATIONS FOR CHRONIC PAIN Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Per 07/07/15 report, the patient is "taking over-the-counter pain medications." Tylenol #3 has been included in patient's medications per progress report dated 08/11/15. It is appears this medication is being initiated. In this case, recommendation for initiating a new opioid cannot be supported, as there is no functional and baseline pain assessment. MTUS states that "functional assessments should be made. Function should include social, physical, psychological, daily and work activities." In addition, treater has not discussed current medication use, aim of use, potential benefits and side effects which are required by MTUS when initiating medications for chronic pain. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Celebrex 200 mg 1 tab daily #30: 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): Duloxetine (Cymbalta).

Decision rationale: Based on the 08/11/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities, rated 8/10. The request is for CELEBREX 200 MG 1 TAB DAILY #30. Patient's diagnosis per Request for Authorization form dated 08/01/15 includes lumbar disc displacement, lumbar sprain and inguinal hernia. Physical examination to the lumbar spine on 08/11/15 revealed decreased range of motion and positive straight leg raise test on the right. Treatment to date has included imaging studies, physical therapy, acupuncture and medications. Patient's medications include Tylenol #3, Celebrex and Gabapentin. The patient is off-work, per 08/11/15 report. MTUS, Duloxetine, Specific antidepressants Section, pages 15-16 states: Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Per 07/07/15 report, the patient is "taking over-the-counter pain medications." Celebrex has been included in patient's medications per progress report dated 08/11/15. It appears this medication is being initiated. MTUS supports Celebrex for neuropathic pain and radiculopathy. The patient continues with low back pain that radiates to the bilateral lower extremities and has tried over-the-counter medications. Given the patient's radiculopathy and diagnosis, a trial of this medication appears reasonable and in accordance with guidelines. Therefore, this request IS medically necessary.

Gabapentin 550 mg. L-Carnitine 75 mg 1 tablet twice daily #60: 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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation www.drugs.com.

Decision rationale: Based on the 08/11/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities, rated 8/10. The request is for GABAPENTIN 550 MG. L-CARNITINE 75 MG 1 TABLET TWICE DAILY #60. Patient's diagnosis per Request for Authorization form dated 08/01/15 includes lumbar disc displacement, lumbar sprain and inguinal hernia. Physical examination to the lumbar spine on 08/11/15 revealed decreased range of motion and positive straight leg raise test on the right. Treatment to date has included imaging studies, physical therapy, acupuncture and medications. Patient's medications include Tylenol #3, Celebrex and Gabapentin. The patient is off-work, per 08/11/15 report. Anti-epilepsy drugs (AEDs) Section, pages 18 and 19 has the following regarding Gabapentin: "Gabapentin(Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." Drugs.com: Levocarnitine (Systemic) states: Carnitine deficiency therapy agent "Carnitine deficiency (treatment)" Levocarnitine is indicated for treatment of primary systemic carnitine deficiency, a genetic impairment of normal biosynthesis or utilization of levocarnitine from dietary sources {33}, or for the treatment of secondary carnitine deficiency resulting from an inborn error of metabolism. Per 07/07/15 report, the patient is "taking over-the-counter pain medications."

Gabapentin has been included in patient's medications per progress report dated 08/11/15. It is appears this medication is being initiated. MTUS supports Gabapentin for neuropathic pain and radiculopathy. The patient continues with low back pain that radiates to the bilateral lower extremities and has tried over-the-counter medications. Given the patient's radiculopathy and diagnosis, a trial of Gabapentin would appear reasonable. However, the request as stated includes L-Carnitine, which is indicated "for treatment of primary systemic carnitine deficiency." Treater has not provided medical rationale for Levocarnitine and there is no mention of primary systemic carnitine deficiency to warrant this request. Given lack of documentation, this request IS NOT medically necessary.