

Case Number:	CM15-0191336		
Date Assigned:	10/05/2015	Date of Injury:	10/19/2001
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/29/2015

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: 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 58 year old male, who sustained an industrial injury on October 19, 2001. The injured worker was diagnosed as having post lumbar laminectomy syndrome, lumbar spine degenerative disc disease, chronic back pain, and lumbar disc displacement. Treatment and diagnostic studies to date has included medication regimen, status post lumbar four to sacral one fusion, x-rays, caudal epidural, three bilateral sacral one epidural steroid injections, laboratory studies, computed tomography of the lumbar spine, and use of a cane. In a progress note dated September 02, 2015 the treating physician reports complaints of lower backache. Examination performed on September 02, 2015 was revealing for a slow, antalgic gait, decreased range of motion to the lumbar spine with pain, hypertonicity, spasm, tenderness, and tight muscle band to the lumbar paravertebral muscles, positive bilateral straight leg raises, and tenderness to the sacroiliac spine, and decreased strength to the bilateral lower extremities. On September 02, 2015 the injured worker's medication regimen included Effexor XR, Wellbutrin XL, Rozerem, Gabapentin, Nexium, Celebrex, and Oxycodone (since at least January of 2015). The injured worker's pain level on September 02, 2015 was rated an 8 on a scale of 1 to 10 with the use of his medication regimen and rated his pain level a 10 out of 10 without the use of his medication regimen and noted that the injured worker's medication regimen "optimizes function and activities of daily living". The progress note on September 02, 2015 noted prior caudal epidural from January of 2015 that provided 60% relief of pain to the leg and low back. On September 10, 2015 the treating physician requested the medications Celebrex 200mg with a quantity of 30 and Gabapentin 200mg with a quantity of 30 noting current use of these medications as indicated

above. On September 10, 2015 the Utilization Review determined the request for Celebrex 200mg with a quantity of 30 to be non-certified. On September 10, 2015 the Utilization Review determined the request for Gabapentin 200mg with a quantity of 30 to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #120: 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 based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in October 2001 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. A multilevel lumbar fusion was done in June 2004. Treatments have included multiple epidural injections and there has been consideration of a spinal cord stimulator. Urine drug screening has shown inconsistent results and positive testing for drugs of abuse. When seen, medications were decreasing pain from 10/10 to 8/10 with improved function including longer activity tolerances and improved activities of daily living. Physical examination findings included a body mass index over 29. He appeared to be in mild to moderate pain. There was an antalgic gait with use of a cane. There was decreased and painful lumbar spine range of motion with paravertebral muscle spasms, tenderness, and tightness. Straight leg raising was positive bilaterally. There was sacroiliac tenderness and positive Gaenslen testing bilaterally. There was decreased lower extremity strength limited by pain. Active medications include gabapentin at a daily dose of 2400 mg per day, Celebrex, Effexor XR and Nexium. Review of systems was negative for gastrointestinal problems and Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic 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 consistent with that recommended. What is considered a clinically significant degree of pain relief and improved function are documented. The claimant has neuropathic pain after lumbar spine surgery. Ongoing prescribing was medically necessary.

Celebrex 200 mg #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): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in October 2001 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. A multilevel lumbar fusion was done in June 2004. Treatments have included multiple epidural injections and there has been consideration of a spinal cord stimulator. Urine drug screening has shown inconsistent results and positive testing for drugs of abuse. When seen, medications were decreasing pain from 10/10 to 8/10 with improved function including longer activity tolerances and improved activities of daily living. Physical examination findings included a body mass index over 29. He appeared to be in mild to moderate pain. There was an antalgic gait with use of a cane. There was decreased and painful lumbar spine range of motion with paravertebral muscle spasms, tenderness, and tightness. Straight leg raising was positive bilaterally. There was sacroiliac tenderness and positive Gaenslen testing bilaterally. There was decreased lower extremity strength limited by pain. Active medications include gabapentin at a daily dose of 2400 mg per day, Celebrex, Effexor XR and Nexium. Review of systems was negative for gastrointestinal problems and Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation as in this case. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is taking Effexor XR, which inhibits serotonin. Concurrent use with a nonselective NSAID is associated with a moderate excess relative risk of serious upper gastrointestinal events when compared to use with a COX-2 selective agent. Prescribing Celebrex is considered medically necessary.