

Case Number:	CM15-0193011		
Date Assigned:	10/07/2015	Date of Injury:	11/05/2002
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 68 year old female, who sustained an industrial injury on 11-5-2002. The injured worker is undergoing treatment for: lumbar, piriformis and sacroiliac joint pain. On 6-10-15, she reported lumbar, piriformis and sacroiliac joint pain. Her symptoms are reported as "remain suboptimally managed with Norco." Objective findings revealed tenderness in the low back, right piriformis, and bilateral sacroiliac joints, with "right lower extremity pain in an L5 pattern." The records do not discuss her current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the lumbar spine (2-13-2003), urine drug screening, sacroiliac joint injections (dates unclear). Medications have included: Celebrex, Norco, Gabapentin, Lidocaine 5 percent patches. She has been utilizing Celebrex since at least November 2003, possibly longer. The records indicate she has been utilizing Gabapentin, and Lidocaine 5 percent patches since at least May 2015, possibly longer. Current work status: unclear. The request for authorization is for: Celebrex 200mg quantity 30 with 4 refills, Lidocaine 5 percent patches quantity 60, Gabapentin 300mg quantity 90 with 4 refills. The UR dated 9-15-2015: modified certification of Celebrex 200mg quantity 30 with 2 refills; non-certified Lidocaine 5 percent patches quantity 60; and modified Gabapentin for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG #30 with 4 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: The injured worker sustained a work related injury on 11-5-2002. The medical records provided indicate the diagnosis of piriformis and sacroiliac joint pain. Treatments have included Celebrex, Norco, Gabapentin; Lidocaine 5 percent patches. The medical records provided for review do not indicate a medical necessity for Celebrex 200 MG #30 with 4 Refills. Celebrex is an NSAID considered to be relatively safe for the stomach because it belongs to the group called COX-2 inhibitors; therefore, it may be considered if for treatment of moderate to severe pain in patients with GI complications. Like all NSAIDs, the MTUS recommends they be used only in the treatment of acute pain, and for only a few weeks due to the risk of delayed wound and bone healing, hypertension, kidney and liver damage, if use for a long time. Also, the MTUS recommends individuals taking these groups of medications for a while be monitored for blood pressure, blood counts, liver and kidney functions. The medical records indicate the injured worker has been using this medication at least since 2003, but with no evidence of monitoring. Therefore, the request is not medically necessary.

Lidocaine 5 Percent Patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: The injured worker sustained a work related injury on 11-5-2002. The medical records provided indicate the diagnosis of piriformis and sacroiliac joint pain. Treatments have included Celebrex, Norco, Gabapentin, Lidocaine 5 percent patches. The medical records provided for review do not indicate a medical necessity for Lidocaine 5 Percent Patch #60. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS states that Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. However, the MTUS states that further research is needed to recommend Lidoderm patch for chronic neuropathic pain disorders other than post-herpetic neuralgia. Therefore, since the list of diagnosis does not include post-herpetic neuralgia, the requested treatment is not medically necessary.

Gabapentin 300 MG #90 with 4 Refills: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 11-5-2002. The medical records provided indicate the diagnosis of piriformis and sacroiliac joint pain. Treatments have included Celebrex, Norco, Gabapentin, Lidocaine 5 percent patches. The medical records provided for review do not indicate a medical necessity for Gabapentin 300 MG #90 with 4 Refills. Gabapentin is an antiepilepsy medication. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. Antiepilepsy medications have been found useful include in the treatment of Spinal cord injury, Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. They have not been found useful in the treatment of myofascial pain, osteoarthritis of the hip, central pain, and chronic non-specific axial low back pain like piriformis and sacroiliac joint pain. Also, the records indicate the injured worker has been using this medication at least since 05/2015, there is no documentation of 30 % reduction in pain. Therefore, the request is not medically necessary.