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| Case Number: | CM15-0193906 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 04/26/2013 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 09/02/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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, New York, California
 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 applicant is a represented 49-year-old who has filed a claim for chronic low back, knee, and shoulder pain reportedly associated with an industrial injury of April 26, 2013. In a Utilization Review report dated September 6, 2015, the claims administrator failed to approve requests for Protonix, Neurontin, and Celebrex. The claims administrator referenced a progress note of June 21, 2015 and an associated RFA form of June 26, 2015 in its determination. The applicant's attorney subsequently appealed. On June 26, 2015, the applicant reported ongoing complaints of knee and leg pain. The applicant's medications included Zoloft, Percocet, Soma, and Relafen, it was reported. The applicant was worsened, the treating provider reported. The applicant was having difficulty standing and walking owing to concerns of her throbbing knee pain. The applicant had undergone earlier knee arthroscopy. Ancillary complaints of elbow and shoulder pain were reported. The applicant was having difficulty reaching and lifting overhead, the treating provider stated. Naproxen and glucosamine-chondroitin were endorsed. Little-to-no discussion of medication efficacy transpired. The applicant was placed off of work, on total temporary disability. On August 21, 2015, the applicant reported ongoing complaints of knee, elbow, shoulder, and low back pain, 10/10. The applicant had worsened since the preceding visit. The applicant's medications included Percocet, baclofen, Protonix, Neurontin, Celebrex, the treating provider reported. The attending provider acknowledged that the applicant had failed to profit from various other treatments, including 30 sessions of physical therapy. Celebrex, Protonix, and Neurontin were all endorsed. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia at this point. On July 24, 2015, the

applicant was again placed off of work, on total temporary disability. The applicant was unchanged since the preceding visit. 8/10 pain complaints were noted. The applicant was attempting to pursue knee surgery; it was stated in various sections of the note. The applicant was on Percocet, Soma, Relafen, and naproxen. The applicant's pain complaints were severe and impacting activities of daily living to include lifting and reaching overhead, the treating provider reported. Celebrex, Protonix, glucosamine-chondroitin, Neurontin, and a knee brace were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Yes, the request for Protonix, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for development of GI complications who, by implication, qualify for usage of proton pump inhibitors for cytoprotective effect include those individuals who are using multiple NSAIDs. Here, the applicant was described on several office visits, referenced above, as using a variety of NSAIDs, including naproxen, Relafen, and Celebrex. Provision of Protonix was, thus, indicated for cytoprotective effect purposes. Therefore, the request was medically necessary.

Neurontin 300mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Conversely, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants with gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was reported on multiple dates of services, referenced above, including on June 26, 2015, July 24, 2015, and August 21, 2015. 10/10 pain was reported on August 21, 2015. Ongoing usage of Neurontin failed to curtail the applicant's dependence on opioid agents such as Percocet, the treating provider acknowledged. All of the foregoing, taken

together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Finally, the request for Celebrex, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Celebrex do represent the traditional form of treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should include some discussion of efficacy of medication into his choice of recommendations. Here, severe, 10/10 pain complaints were reported on August 21, 2015, despite ongoing usage of Celebrex. Ongoing usage of Celebrex failed to curtail the applicant's dependence on opioid agents such as Percocet, the treating provider reported on that date. The applicant reported difficulty performing activities of daily living as basic as standing, walking, and reaching overhead, the treating provider reported on multiple dates of service, referenced above, including on August 21, 2015. The applicant was, moreover, using a variety of other anti-inflammatory medications, including Relafen and naproxen, the treating provider reported on July 24, 2015. It was not clearly stated why a third anti-inflammatory medication, Celebrex, was added to the mix. Therefore, the request was not medically necessary.