

Case Number:	CM15-0207838		
Date Assigned:	10/26/2015	Date of Injury:	08/20/2010
Decision Date:	12/31/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/22/2015

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: Arizona, Michigan

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 37 year old female, who sustained an industrial injury on 08-20-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, diabetes, medial and lateral epicondylitis bilaterally, left radial tunnel syndrome, and mild median nerve neuritis at the wrist. Medical records (04-02-2015 to 09-23-2015) indicate increasing bilateral elbow pain (left greater than right). Pain levels were rated 0 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW had returned to work with restrictions that are not being met. The physical exam, dated 09-23-2015, revealed tenderness along the epicondyle medially greater than laterally on the left with mild Tinel's at the elbow. Relevant treatments have included: left elbow surgery (2014) with improvement, physical therapy (PT), work restrictions, and medications (none currently). The treatment plan included medications. The request for authorization (09-23-2015) shows that the following medications were requested: Celebrex 200mg #30, Aciphex 20mg #30, Flexeril 7.5mg #60, and gabapentin 600mg #90. The original utilization review (10-09-2015) non-certified the request for Celebrex 200mg #30, Aciphex 20mg #30, Flexeril 7.5mg #60, and gabapentin 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Celebrex 200 mg, #30: 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, GI symptoms & cardiovascular risk.

Decision rationale: Per the MTUS, NSAIDs and COX-2 NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on this. However a review of the injured workers medical records did not reveal a rationale for this choice over a first line recommended NSAID, without this information medical necessity is not established, therefore the request for 1 prescription for Celebrex 200 mg, #30 is not medically necessary.

1 prescription for AcipHex 20 mg, #30: 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, GI symptoms & cardiovascular risk.

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per the ODG, PPI's are "Recommended for patients at risk for gastrointestinal events. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium),

lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)" A review of the injured workers medical records do not reveal documentation of past or current gastrointestinal complaints that would indicate that the injured worker is at increased risk for a gastrointestinal event, the injured worker does not meet the guideline criteria for GI prophylaxis. Therefore, the request for 1 prescription for AcipHex 20 mg, #30 is not medically necessary.

1 prescription for Flexeril 7.5 mg, #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): Cyclobenzaprine (Flexeril).

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. Treatment is not recommended for longer than 2-3 weeks. A review of the injured workers medical records does not reveal documentation of ongoing muscle spasms and there are no extenuating circumstances that would warrant deviating from the guidelines, therefore the request for 1 prescription for Flexeril 7.5 mg, #60 is not medically necessary.

1 prescription for Gabapentin 600 mg, #90: 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 rationale: Per the MTUS, antiepilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails.(Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be

documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. However, a review of the injured workers medical records do not reveal a clear rationale for the use of this medication given that there were no objective findings noted that supported the diagnosis of neuropathy, without this information it is not possible to determine medical necessity, therefore the request for Gabapentin is not medically necessary.