

Case Number:	CM15-0208624		
Date Assigned:	10/27/2015	Date of Injury:	05/22/2014
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
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: 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 40 year old male, who sustained an industrial-work injury on 5-22-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar discogenic pain, and neuralgia pain in the upper limb. Treatment to date has included pain medication, (Neurontin and Celebrex since at least 2-25-15); status post left wrist surgery, acupuncture, injections, diagnostics, and other modalities. The physician indicates that there was an electromyography (EMG) -nerve conduction velocity studies (NCV) of the left upper extremity done that was dated 3-31-15. Medical records dated 10-1-15 indicate that the injured worker complains of left wrist pain, left knee pain, low back pain that radiates to the left leg, stress and depression. Per the treating physician report dated 10-1-15 the injured worker has not returned to work. The physical exam reveals that the injured worker has an antalgic gait on the left side; there is tenderness in the left paraspinal region of the lumbar spine and left sciatic notch, and positive straight leg raise test in sitting position and supine position on the left side. The medical records do not indicate decreased pain, increased level of function or improved quality of life. The request for authorization date was 10-1-15 and requested services included Celebrex 200mg #90 with 4 refills and Neurontin 300mg #180 with 4 refills. The original Utilization review dated 10-14-15 modified the request for Celebrex 200mg #90 with 4 refills and Neurontin 300mg #180 with 4 refills modified to Celebrex 200mg #90 with 0 refills and Neurontin 300mg #180 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #90 with 4 refills: Upheld

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

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

Decision rationale: The patient presents with pain in left wrist, left knee, and lower back radiating to her left leg. He complains of stress and depressive symptoms. The request is for CELEBREX 200MG #90 with 4 refills. The request for authorization form is dated 10/01/15. MRI of the left wrist, 02/23/15, shows residuals of wrist surgery, with metallic pin or screw in the distal ulna; full thickness TFCC tear; 10.1 mm synovial volar to the radiosaphoid joint; subcortical cyst in the distal pole of the scaphoid bone, possibly related to triscaphe joint osteoarthritis; tiny osseous cysts in the triquetrum and capitate. CT of the left wrist, 07/30/15, shows widening of the distal radioulnar joint, close to 1 cm in width, along the volar aspect; there is widening of the scapholunate distance; tear of the scapholunate ligament and tear of the triangular fibrocartilage; cystic changes in multiple carpal bones; soft tissue thickening is noted along the distal ulnar extending to a hook-like deformity of the volar aspect of the ulnar styloid; no fracture is noted. Patient's diagnoses include status post left wrist triangular fibrocartilage complex surgery with persistent pain; left knee posttraumatic chondromalacia; L4-L5 disc protrusion with left lower extremity radiculopathy; stress and depression. Physical examination reveals antalgic gait on the left side. Tenderness left paraspinal region of lumbar spine and left sciatic notch. Positive straight leg raise test in sitting and supine position on the left side. Per progress report dated 09/18/15, the patient remains off-work. MTUS, Anti-inflammatory medications Section, page 22, has the following: "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2s versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Celebrex on 02/05/15. In this case, treater has not discussed history of GI complications, or upset attributed to first-line NSAID medications. MTUS guidelines state that Celebrex is indicated in patients with a history of GI complications and not recommended for the majority of patients owing to high cost. Without a documented history of GI upset secondary to NSAID use or other GI complications, the medical necessity of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

Neurontin 300mg #180 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).

Decision rationale: The patient presents with pain in left wrist, left knee, and lower back radiating to her left leg. He complains of stress and depressive symptoms. The request is for NEURONTIN 300MG #180 with 4 refills. The request for authorization form is dated 10/01/15. MRI of the left wrist, 02/23/15, shows residuals of wrist surgery, with metallic pin or screw in the distal ulna; full thickness TFCC tear; 10.1 mm synovial volar to the radioscaphoid joint; subcortical cyst in the distal pole of the scaphoid bone, possibly related to triscaphe joint osteoarthritis; tiny osseous cysts in the triquetrum and capitate. CT of the left wrist, 07/30/15, shows widening of the distal radioulnar joint, close to 1 cm in width, along the volar aspect; there is widening of the scapholunate distance; tear of the scapholunate ligament and tear of the triangular fibrocartilage; cystic changes in multiple carpal bones; soft tissue thickening is noted along the distal ulnar extending to a hook-like deformity of the volar aspect of the ulnar styloid; no fracture is noted. Patient's diagnoses include status post left wrist triangular fibrocartilage complex surgery with persistent pain; left knee posttraumatic chondromalacia; L4-L5 disc protrusion with left lower extremity radiculopathy; stress and depression. Physical examination reveals antalgic gait on the left side. Tenderness left paraspinal region of lumbar spine and left sciatic notch. Positive straight leg raise test in sitting and supine position on the left side. Per progress report dated 09/18/15, the patient remains off-work. MTUS Guidelines, Gabapentin section on pg 18, 19 states, "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Gabapentin on 02/05/15. The patient continues with wrist, knee, and lower back pain. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, treater has not discussed and documented pain relief or functional improvement with specific examples with use of Neurontin. Therefore, the request IS NOT medically necessary.