

Case Number:	CM15-0021056		
Date Assigned:	02/10/2015	Date of Injury:	02/08/2000
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/03/2015

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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of February 8, 2000. In a Utilization Review Report dated January 21, 2015, the claims administrator partially approved a request for Celebrex, gabapentin, and Norco while denying Doc-Q-Lace, a laxative agent, outright. The claims administrator referenced a November 11, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In an RFA form dated January 30, 2015, the treating provider seemingly stated that he was seeking authorization for one year's worth of medications, stating that it was more expedient from his standpoint to obtain a year's worth of medications. On December 30, 2014, the applicant received a lumbar epidural steroid injection. On November 11, 2014, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities. The applicant was having difficulty sleeping at night. The applicant was status post previous epidural steroid injection. The applicant was using Norco, Neurontin, Ambien, and Celebrex, it was noted. The applicant had been "forced to retire" owing to his chronic back pain complaints, suggesting that the applicant was not working. The applicant was using Norco at a rate of five times daily, it was acknowledged. The applicant's pain complaints were so severe that they were interfering with his ability to stand and walk, it was acknowledged. Permanent work restrictions were renewed, seemingly resulting in the applicant's removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 Refills 11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Chronic Pain Medical Treatment Guide.

Decision rationale: 1. No, the request for Celebrex, a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, these recommendations are, 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 medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, despite ongoing Celebrex usage. The applicant continues to report ongoing issues with severe low back pain, despite ongoing usage of Celebrex. Ongoing usage of Celebrex has failed to curtail the applicant's dependence on opioid agents such as Norco, which the applicant was apparently using at a rate of five times daily. The fact that permanent work restrictions were renewed, unchanged, from visit to visit, further suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Celebrex. Therefore, the request was not medically necessary.

Gabapentin 300mg #90 Refills 11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Chronic Pain Medical Treatment Guidelines.

Decision rationale: 2. Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using 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/is off of work. Permanent work restriction remained in place, seemingly unchanged, from visit to visit. Ongoing usage of gabapentin has failed to curtail the applicant's benefit on opioid agents such as Norco. The applicant continues to report severe pain complaints and inability to perform activities of daily living as basic as standing and walking. All of the foregoing, taken together,

suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

Doc-Q-Lace 100mg #60 Refills 11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Chronic Pain Medical Treatment Guidel.

Decision rationale: 3. Similarly, the request for Doc-Q-Lace, a laxative agent, #60 with 11 refills was likewise not medically necessary, medically appropriate, or indicated here. While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that prophylactic treatment of constipation should be initiated in applicants concomitantly using opioids, 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 be knowledgeable regarding prescribing information and should adjust the dosing to the individual applicant. Here, a request for Norco has been denied above, on the grounds that Norco has not, in fact, proven beneficial here. An 11-refill supply of a laxative agent, Doc-Q-Lace, thus, is not indicated in the face of the concomitant denial of Norco. Therefore, the request was not medically necessary.

Hydrocodone-Acetaminophen 10/325mg #120 Refills 11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Board Guidelines for Prescribing Controlled Substances for Pain Chronic Pain.

Decision rationale: 4. Finally, the request for oxycodone-acetaminophen (Norco), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, the Medical Board of California (MBC) notes that applicants with chronic pain who are managed with controlled substances should be seen monthly, quarterly, or semi annually as required by the standard of care. Here, the request for a one-year supply of Norco, thus, runs counter to the principles articulated on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines and, by implication, those articulated by the Medical Board of California (MBC). Therefore, the request was not medically necessary.