

<b>Case Number:</b>	CM15-0028562		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/08/2002
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 8, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical spine surgery; earlier lumbar spine surgery; and a topical compound. In a utilization review report dated January 22, 2015, the claims administrator denied a request for gabapentin and Celebrex while approving a follow-up evaluation. The claims administrator referenced a progress note dated December 3, 2014 and an RFA form of January 13, 2015 in its determination. The claims administrator contented that the applicant had failed to profit with earlier medication consumption. The applicant's attorney subsequently appealed. In a mental health note of January 15, 2015, the applicant reported ongoing complaints of depression, anxiety, insomnia, and chronic pain. The applicant was given prescriptions for Lexapro, Wellbutrin, Ativan, Prilosec, and Ambien. The applicant's work status was not clearly stated. The applicant was visibly depressed. The applicant was also using Tramadol, the applicant's psychiatrist incidentally noted. On October 22, 2014, it was acknowledged that the applicant was not working. The applicant was using Neurontin, Tramadol, Celebrex, benazepril, and Norvasc. Highly variable 6-8/10 arm, hand, low back, and neck pain complaints were reported. The attending provider contented that the applicant's medications were helpful but did not elaborate further. Multiple medications were renewed, including Norco, Celebrex, and Neurontin. The applicant was given a Toradol injection owing to reportedly poor pain control. Permanent work restrictions were

renewed. It did not appear that the applicant was working with said permanent limitations in place.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 600 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS: Gabapentin (Neurontin, Gabarone™, generic available) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 19 of 127.

**Decision rationale:** No, the request for gabapentin, an anticonvulsant adjuvant medication, was 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 work, it was suggested, above. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit. Ongoing usage of gabapentin had failed to curtail the applicant's dependence on opioid agents such as Tramadol and Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of gabapentin (Neurontin). Therefore, the request was not medically necessary.

**Celebrex 200 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 22 of 127.

**Decision rationale:** Similarly, the request for Celebrex, a COX-2 inhibitor, was likewise 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 are indicated for applicants who have a history of GI complications which would prevent provision of nonselective NSAIDs such as Motrin or Naprosyn, in this case, however, there is no mention of the applicant's having a history of GI complications with nonselective NSAIDs such as Motrin and/or Naprosyn. Therefore, the request was not medically necessary.

