

Case Number:	CM15-0210961		
Date Assigned:	10/29/2015	Date of Injury:	02/09/1990
Decision Date:	12/17/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/26/2015

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, California
 Certification(s)/Specialty: Family Practice

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 64 year old female, who sustained an industrial-work injury on 2-9-90. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lumbar radiculitis and right knee pain. Treatment to date has included pain medication, Sertraline, Trazodone, Celebrex since at least 3-9-15, Horizant since at least 8-12-15, Percocet since at least 8-12-15, surgery, aqua therapy, ice, lumbar injection that helped 60 percent for 3 months, and other modalities. Medical records dated (3-9-15 to 10-8-15) indicate that the injured worker complains of low and mid back pain that goes to the legs and feet with numbness and tingling. There are also complaints of knee pain. She reports that medications allow her 50 percent improvement in function with walking. The physician indicates that she is tolerating the medications with no side effects. The current pain is rated 6 out of 10 on the pain scale which has been unchanged from previous visits. Per the treating physician report dated 8-12-14 the injured worker is working. The physical exam dated 10-8-15 reveals that the lumbar range of motion is decreased with pain, there is positive straight leg raise bilaterally at 60 degrees, there is decreased sensation in the bilateral lower extremities (BLE) L5-S1 dermatomes, and there is positive tenderness noted over the lumbar spine. The patient sustained the injury due to slip and fall incident Patient had received a Lumbar ESI in 2014 The patient's surgical history include right knee surgery in 1990 The patient has had MRI of the lumbar spine on 5/11/15 that revealed disc protrusions, foraminal narrowing, and degenerative changes The medication list includes Celecoxib, Gabapentin, Omeprazole, Norco, Trazodone and Sertraline. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

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

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

Decision rationale: Celebrex contains Celecoxib which is a non-steroidal anti-inflammatory drug (NSAID). According to CA MTUS chronic pain medical treatment guidelines anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. 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, (Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen. According to the cited guidelines Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. The detailed response to usual non selective NSAIDs is not specified in the records provided. In addition per the cited guidelines 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. A history of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. The medical necessity of the request for Celebrex 200mg #60 is not medically necessary.

Horizant 300mg #80: Overturned

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: Horizant contains Gabapentin Enacarbil which is a prodrug for gabapentin. According to the CA MTUS Chronic pain guidelines regarding Neurontin/ gabapentin, has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Spinal cord injury: Recommended as a trial for chronic neuropathic pain. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit. This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial

as a sleep aid. The patient had diagnoses of chronic lumbar radiculitis and right knee pain. Medical records dated (3-9-15 to 10-8-15) indicate that the injured worker complains of low and mid back pain that goes to the legs and feet with numbness and tingling. The physical exam dated 10-8-15 reveals that the lumbar range of motion is decreased with pain, there is positive straight leg raise bilaterally at 60 degrees, there is decreased sensation in the bilateral lower extremities (BLE) L5-S1 dermatomes, and there is positive tenderness noted over the lumbar spine. The patient has abnormal objective findings that are consistent with the patient symptoms. The patient has had MRI of the lumbar spine on 5/11/15 that revealed disc protrusions, foraminal narrowing, and degenerative changes. The patient has chronic pain with a neuropathic component. Anticonvulsants or antiepileptic's like gabapentin are medically appropriate and necessary in this patient. The cited guidelines support the use of Horizant 300mg #80 in patients with this clinical situation therefore the request is deemed medically necessary.

Percocet 5/325mg #150: 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): Opioids, criteria for use.

Decision rationale: Percocet contains acetaminophen and oxycodone which is an opioid analgesic According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non- opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 5/325mg #150 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.