MAXIMUS Federal Services

Case Number:	CM15-0046627		
Date Assigned:	03/18/2015	Date of Injury:	11/01/2010
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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 low back pain (LBP) reportedly associated with an industrial injury of November 1, 2010. In a Utilization Review report dated February 24, 2015, the claims administrator failed to approve requests for Celebrex, gabapentin, and topical lidocaine patches. The claims administrator referenced a RFA received on February 17, 2015 and an associated progress note of February 11, 2015 in its determination. The claims administrator did apparently issue partial approvals of Celebrex 20 tablets and gabapentin 30 capsules, it was incidentally noted, while denying Lidoderm patches outright. The claims administrator's decision was somewhat difficult to follow. In one section of the note, the claims administrator seemingly stated that it was failing to approve gabapentin on the grounds that the applicant did not have neuropathic symptoms. Toward the top of the report, somewhat incongruously, the claims administrator acknowledged that the applicant had issues with diabetic neuropathy. The applicant's attorney subsequently appealed. The initial utilization review denials were apparently upheld through a prior independent medical review report. However, a Workers' Compensation Judge (WCJ) apparently rejected the previous Independent Medical Review report and went on to order a revision of the same. Both the claims administrator's medical evidence log and the remainder of the file were surveyed on several occasions; it did not appear, however, that the February 11, 2015 progress note made available to the claims administrator had been incorporated into the Independent Medical Review packet. In a December 22, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was apparently not working, it was suggested. The applicant was using a cane to move about. A functional

restoration program was proposed. The applicant's medication list included Neurontin, Motrin, Aleve, Prilosec, metformin, and Zocor, it was suggested. The applicant was using a cane to move about. The applicant had apparently had previous issues with opioid dependence, it was suggested. The applicant had apparently previously attended functional restoration program, it was incidentally noted. In a November 12, 2014 progress note, the applicant's primary treating provider noted that the applicant had 7/10 sharp, burning, throbbing, tingling, and numbing sensations about the legs, exacerbated by standing, washing dishes, showering, and dressing herself. The applicant was on Neurontin and Motrin, it was suggested. The applicant was off of work, it was acknowledged. Lidoderm patches were furnished while the applicant was asked to continue Motrin, Prilosec, and Neurontin. The applicant was reportedly having difficulty tolerating Cymbalta. Cymbalta was discontinued. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60; 22.

Decision rationale: No, the request for Celebrex 200 mg with four refills is 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 recommended in applicants who have a history of GI complications with nonselective NSAIDs, as were apparently present here with the applicant having reported dyspepsia with Motrin, this recommendation is, however, qualified by commentary made on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the analgesic effects of a particular medication should be evident within one to three days. Page 60 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider give a trial of each individual medication. Here, the request for Celebrex seemingly represented a first-time request for Celebrex. Providing a 30-tablet, four-refill supply of Celebrex without documented evidence of medication efficacy, thus, ran counter to the philosophy espoused on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Gabapentin 600mg #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AED) Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

Decision rationale: Similarly, the request for gabapentin is likewise not medically necessary, medically appropriate, or indicated here. Unlike the request for Celebrex, the request for gabapentin, quite clearly, was a renewal request. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. Here, however, the applicant was off of work, it was acknowledged on multiple progress notes, referenced above, of late 2014. The applicant continued to report pain complaints as high as 7/10, despite ongoing gabapentin usage. The applicant reported difficulty performing activities of daily living as basic as standing, walking, cooking, cleaning, dressing herself, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of gabapentin. Therefore, the request is not medically necessary.

Lidoderm Patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

Decision rationale: Finally, the request for Lidoderm patches is likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. 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 incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, no such discussion of medication efficacy transpired. The applicant was off of work. 7/10 pain complaints were reported, despite ongoing usage of Lidoderm. The applicant continued to report difficulty performing activities of daily living as basic as standing, walking, and dressing herself. All of these foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Lidoderm. Therefore, the request is not medically necessary.