

<b>Case Number:</b>	CM15-0047947		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	04/12/2000
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: 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 injured worker is a 61-year-old female, who sustained an industrial injury on 2/12/00. The diagnoses have included pain in joint involving hand, chronic pain syndrome, complex regional pain syndrome, lumbar disc degeneration and osteoarthritis. Treatment to date has included medications, injections, physical therapy, activity modifications, splinting, gym membership, Home Exercise Program (HEP), and acupuncture. Currently, as per the physician progress note dated 2/5/15, the injured worker complains of severe pain in the neck and epigastric with frequent back spasms. She has constant pain in the low back arms, hands and upper spine with persistent spasms. She now also has persistent pain in the left lower extremity described as sharp, stinging and tight. The pain is affecting her work performance, lifestyle and sleep. Physical exam revealed strength in all extremities with painful range of motion. There was neck pain and stiffness, back pain, joint pain, spasms, swelling, tenderness and weakness. The current medications included Neurontin, Lorazepam and Celebrex. The physician requested treatments included Ativan 1 mg Qty 30 with 6 refills, take 1 everyday at bedtime, Neurontin 100 mg Qty 120 with 6 refills, 4 times daily and Celebrex 200 mg Qty 60 with 6 refills, and take 2 times daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1 mg Qty 30 with 6 refills, take 1 everyday at bedtime:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain - Insomnia Treatment.

**Decision rationale:** MTUS Guidelines do not recommend the chronic use of Benzodiazepines; however, this is a reasonable exception. Use is part time, low dose and stable (at night only - not full daytime coverage) and other alternatives have been trialed without success. ODG Guidelines do support the use of hypnotic medications in patients with chronic pain. Under these unique circumstances the Ativan 1mg. #30 with 6 refills 1 at bedtime is medically necessary.

**Neurontin 100 mg Qty 120 with 6 refills, 4 times daily:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Medications Page(s): 18.

**Decision rationale:** MTUS Guidelines support the use of Gabapentin with neuropathic pain disorders. This individual is documented to have CRPS as a component of her severe pain syndrome. Even though the prescribing physician does not quantify the exact amount of pain relief, it is clearly stated that the pain relief is meaningful for the patient. This statement is supported by the fact that the patient has discontinued opioids due to lack of effectiveness. Under these circumstances, the Neurontin 100mg. #120 with 6 refills 4 daily is medically necessary.

**Celebrex 200 mg Qty 60 with 6 refills, take 2 times daily:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 30, 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 57, 58.

**Decision rationale:** MTUS Guidelines support the careful use of NSIADs for inflammatory conditions and neuropathic pain. Celebrex is considered a 2nd line drug, but the physician adequately explains why it is being utilized. This patient has discontinued opioids due to lack of effectiveness and it is reasonable to conclude that the Celebrex has meaningful benefits due to continued use. Under the circumstances the Celebrex is supported by Guidelines and the Celebrex 200mg, #60 with 6 refills take bid is medically necessary.