

Case Number:	CM15-0084114		
Date Assigned:	05/08/2015	Date of Injury:	10/17/1998
Decision Date:	06/08/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/01/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 55-year-old male, who sustained an industrial injury on 10/17/1998. He reported a low back injury. The injured worker was diagnosed as having 7-spine surgeries placement of a spinal cord stimulator with subsequent removal, post-lumbar laminectomy, lumbar radiculopathy, chronic pain syndrome and lumbar stenosis. Lumbar magnetic resonance imaging showed posterior lumbar fusion/laminectomy Treatment to date has included chiropractic care, physical therapy, acupuncture, TENS (transcutaneous electrical nerve stimulation), epidural steroid injection, cognitive behavior therapy and medication management. In a progress note dated 3/4/2015, the injured worker complains of 15 years of low back pain that radiates down the bilateral lower extremities with pain tingling and buzzing. The treating physician is requesting Gralise 600 mg #90 and Celebrex 200 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 49.

Decision rationale: This 55 year old male has complained of low back pain since date of injury 10/17/98. He has been treated with surgery, spinal cord stimulation, chiropractic therapy, acupuncture, epidural steroid injections, TENS and medications to include Gabapentin for at least 8 weeks duration. The current request is for Gabapentin. Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records, which supports the presence of any of these diagnoses. Based on the MTUS guidelines cited above and the available medical documentation, Gabapentin is not indicated as medically necessary.

Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: This 55 year old male has complained of low back pain since date of injury 10/17/98. He has been treated with surgery, spinal cord stimulation, chiropractic therapy, acupuncture, epidural steroid injections, TENS and medications to include Celebrex for at least 8 weeks duration. The current request is for Celebrex. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least a 2-month duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. Based on this lack of documentation, Celebrex is not indicated as medically necessary in this patient.