

Case Number:	CM14-0120574		
Date Assigned:	08/08/2014	Date of Injury:	09/18/2008
Decision Date:	10/14/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 18, 2008. The applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; unspecified amounts of physical therapy; and earlier cervical fusion surgery. In a Utilization Review Report dated July 22, 2014, the claims administrator failed to approve a request for Norco, Neurontin, Celebrex, and Ambien. The applicant's attorney subsequently appealed. The applicant underwent a multilevel cervical spine surgery on February 6, 2014. In a May 7, 2014 progress note, the applicant was described as having improved following an earlier cervical spine surgery. Additional physical therapy was endorsed while the applicant was placed off of work, on total temporary disability. On June 18, 2014, the applicant again was again placed off of work, on total temporary disability. The additional physical therapy was sought on the grounds that the applicant remained weak about the upper extremities. There was no explicit discussion of medication efficacy. In a progress note dated March 17, 2014, authorization was sought for a home health aide to help the applicant perform various activities of daily living. In an earlier note dated September 3, 2013, the applicant was given refills of Prilosec, Norco, Neurontin, and Celebrex. There was some passing discussion of medication efficacy on this date. The attending provider stated on this occasion that the medications were helping but did not elaborate as to how said medications were helping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has failed to identify any tangible or material improvements in function achieved as a result of ongoing Norco usage. The attending provider has failed to recount any quantifiable decrements in pain achieved as a result of ongoing medication usage. Indeed, medication efficacy was not explicitly discussed on any of the furnished progress notes. Therefore, the request is not medically necessary.

Gabapentin 600mg #90 (not listed on the application): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepileptic drugs Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

Decision rationale: As noted on page 19 of the 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 with the same. In this case, however, the attending provider has failed to recount or establish any tangible or material improvements in pain and/or function achieved as a result of ongoing Gabapentin usage. The attending provider has, however, stated on each office visit that the applicant remains off of work, on total temporary disability, implying a lack of functional improvement as defined in California Medical Treatment Utilization Schedule (MTUS) 9792.20f despite ongoing usage of the same. Therefore, the request is not medically necessary.

Celebrex 200mg #60 (not listed on the application): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic Page(s): 22 7.

Decision rationale: While page 22 of the Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are preferable to nonselective non-steroidal

anti-inflammatory drugs (NSAIDs) in applicants with a history of GI complications, this recommendation is qualified by commentary made on page 7 of the Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has failed to recount any material improvements in function achieved as a result of ongoing Celebrex usage. The attending provider has failed to quantify any decrements in pain achieved as a result of ongoing Celebrex usage (if any). The fact that the applicant remains off of work, on total temporary disability, and remains highly dependent on opioid therapy with Norco, taken together, suggests a lack of functional improvement as defined in California Medical Treatment Utilization Schedule (MTUS) 9792.20f, despite ongoing usage of Celebrex. Therefore, the request is not medically necessary.

Ambien 5mg #60 (not listed on the application): 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 Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the California Medical Treatment Utilization Schedule (MTUS) does not specifically address the topic of Ambien usage, pages 7 and 8 of the Chronic Pain Medical Treatment Guidelines do state that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish some compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, the attending provider has not stated for what purpose Ambien is being employed. Ambien was not explicitly discussed in several of the progress notes, referenced above. The attending provider did not state whether Ambien was being employed for long-term use purposes or short-term use purposes. Therefore, the request is not medically necessary.