

<b>Case Number:</b>	CM14-0144434		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/11/2003
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Family 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:

This 52 year old patient had a date of injury on 8/11/2003. The mechanism of injury was twisting incident which subsequently led to acute low back pain. In a progress noted dated 8/21/2014, subjective findings included low back pain which radiates to inguinal/flank regions and upper thighs, with sensation of numbness, burning, and paresthesias into legs with prolonged walking. She reports pain improved by sitting after prolonged walking, laying down or use with medication. On a physical exam dated 8/21/2014, objective findings included paralumbar tenderness to mid-lower lumbar regions, without discrete foci of bony spinal tenderness. Straight leg raise testing elicits radiation of pain down the legs. The diagnostic impression shows chronic low back pain with L2-3 disk protrusion and filar lipoma. Treatment to date: medication therapy, behavioral modification. A UR decision dated 8/30/2014 denied the request for Neurontin 300mg, stating that Neurontin is effective at controlling radicular symptoms and reducing the opioid analgesia. There it is modified to Neurontin 300mg #240 tablets. Celebrex 200mg was denied, stating this medication helped discontinue opioid analgesics when used in addition to Neurontin. It was modified to Celebrex 200mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription Of Neurontin 300mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In a progress report dated 8/21/2014, Neurontin was shown to be effective in reducing back and radicular leg pains. However, there was no quantity provided, which is necessary to determine medical necessity. Therefore, the request for Neurontin 300mg is not medically necessary.

**1 Prescription Of Celebrex 200mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation (ODG) Pain chapter

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDS in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. In the progress report dated 8/21/2014, the Celebrex was noted to reduce the patients back pain. However, there was no quantity provided, which is necessary to determine medical necessity. Therefore, the request for Celebrex 200mg is not medically necessary.