

Case Number:	CM14-0180292		
Date Assigned:	11/04/2014	Date of Injury:	06/01/2007
Decision Date:	12/09/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/30/2014

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 New Jersey. 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 worker is a 39 year old male who was injured on 6/1/2007. He was diagnosed with lumbosacral disc degeneration and lumbar facet arthropathy. He was treated with various medications including acetaminophen, anti-epileptics, NSAIDs, muscle relaxants, topical analgesics, and opioids. He was also treated with chiropractic treatments, lumbar epidural injection, back bracing, and lumbar medial branch radiofrequency rhizotomy. He was later able to return to work, approximately 6-8 hours per day. On 10/14/14, the worker was seen by his treating physician reporting his continual low back pain rated at 7-8/10 on the pain scale with radiculopathy to left buttock, left knee, and left foot with numbness and burning in left quadriceps. He reported working 32-38 hours of work per week. He rates that with his medications (listed current medications: Celebrex, Skelaxin, Lidoderm), he is able to reduce his pain to 3-4/10 on the pain scale. Gabapentin and tramadol had been recommended and assumed to have been started 2 months prior, but this was not clear in the notes provided for review. He reported side effects from his medications being anxiety and depression, and would like to discontinue them because of this. He also requested another radiofrequency rhizotomy as this had helped him significantly in the past. Physical findings included tenderness of left buttock, lumbar area as well as a positive straight leg raise and limited range of motion of the lumbar spine. He was then recommended to continue gentle stretching, continue his previously prescribed medications as before.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg, ninety count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, it was unclear if the worker was using this medication as it was recommended two months prior but not listed in the medication list or reviewed individually in the progress note at the time of the request. If he had been taking it, there was no report on his symptom reduction related directly to this medication in order to help justify a continuation. If he has yet to start this medication, more than one month supply is not necessary. Therefore, due to the above reasons, the Gabapentin, four month supply is not medically necessary at this time.

Tramadol 50 mg, eighty count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, it was unclear if the worker was using this medication as it was recommended two months prior but not listed in the medication list or reviewed individually in the progress note at the time of the request. If he had been taking it, there was no documented report on his symptom reduction or functional improvements related directly to this medication in order to help justify a continuation. If he has yet to start this medication, more than one month supply is not necessary. Therefore, due to the above reasons, the tramadol four month supply is not medically necessary at this time.

Celebrex 200 mg, thirty count with three refills: 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): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, he had been using Celebrex chronically leading up to this request, which is generally not recommended due to this medications side effects. Also, there was no documented evidence of measurable functional benefit directly related to Celebrex alone that might have warranted a consideration for this case as an exception. Also, there was no evidence to suggest the worker warranted even a short course of Celebrex for an acute exacerbation. Therefore, considering the above reasons, the Celebrex is not medically necessary and appropriate.