

Case Number:	CM15-0120548		
Date Assigned:	07/01/2015	Date of Injury:	11/09/2000
Decision Date:	08/07/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 66 year old female who sustained an industrial injury on 11/9/00. The mechanism of injury was not noted. The injured worker was diagnosed as having Carpal Tunnel Syndrome, sprains/strains of hand, and spasm of muscle. Treatment to date has included oral medications including Gabapentin 100mg, Ibuprofen 800mg, Celebrex 200mg and Nexium 40mg, thermacare heat wrap, activity restrictions and home exercise program. At a visit on 9/19/14, pain was rated as 4/10 on average and 6-7/10 without medications. She was working full duty. Currently on 1/23/15, the injured worker complains of moderate to severe pain in right hand, rated 4/10 with medications and 6-7/10 without medications and unchanged since previous visit, she notes pain is alleviated with medications. She also notes pain in shoulders, neck and bilateral hands for about 10 years. She is working full duty, doing computer work without restrictions. She notes Celebrex works better than Flector patches and Generic Celebrex is not working as well as brand name; Gabapentin helps with the tingling and numbness on lateral left hand. Physical exam on 1/23/15 noted tenderness to palpation over the hypothenar eminence and metacarpophalangeal joint of middle finger and ring finger. Inspection of right hand revealed no swelling, redness, nodules, deformity, atrophy or asymmetry and no limitation in range of motion. It is noted she is able to function and perform household and hygienic activities of daily living with quality of life on current medications. The physician notes an opioid agreement is in the chart and random toxicology screens are performed to monitor compliance. The treatment plan and request for authorization included prescriptions for Celebrex 200mg, Neurontin 100mg and Nexium 40mg. Flector patches were discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, NSAIDS Page(s): 30, 67-73.

Decision rationale: Celebrex (Celecoxib) is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the anti-platelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. In this case, there was no documentation of increased risk for gastrointestinal (GI) complications. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. At the visit on 1/23/15, the physician documented that her level of function has stayed the same. Medications as a group were noted to allow performance of household and hygienic activities of daily living. Pain severity rating was unchanged since the September 2014 visit. The medical necessity of the requested medication has not been established. Due to lack of specific indication, and lack of functional improvement, the requested medication is not medically necessary.

Neurontin 100 mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs; Gabapentin Page(s): 16- 22, 49.

Decision rationale: CA MTUS guidelines recommend Gabapentin (an anti-epilepsy drug) as a first line treatment for diabetic painful neuropathy and post herpetic neuralgia and as a trial for lumbar spinal stenosis. The recommended trial period is "three to eight weeks for titration then one to two weeks at maximum tolerated dosage." A good response to the use of antiepileptic drugs (AEDs) is defined as a 50% reduction in pain and a moderate response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. The injured worker noted moderate to severe pain in right hand and she is doing computer work without full duty without restrictions. There was no documentation of at least a 30% reduction in pain as a result of use of gabapentin. The objective findings from the provider did not indicate the symptoms were neuropathic. The injured worker does not have a

diagnosis of diabetes or post-herpetic neuralgia. Therefore the request for Gabapentin is not medically necessary.

Nexium 40 mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Gastrointestinal symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS, Proton Pump Inhibitors (PPI) are recommended for patients taking NSAIDs with specific GI risk factors. Such risk factors include age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. The injured worker states Nexium provides relief from gastrointestinal reflux caused by Celebrex and without it she feels more heartburn and stomach upset. The injured worker is 66 years old and has been prescribed celebrex for at least five months, which she states causes gastric upset. However, the associated NSAID (celebrex) has been determined to be not medically necessary. As such, the request for nexium is not medically necessary.