

Case Number:	CM15-0163951		
Date Assigned:	09/28/2015	Date of Injury:	03/04/2011
Decision Date:	11/03/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 70 year old female, who sustained an industrial injury on March 4, 2011, incurring low back and right knee injuries. She was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy, and right knee meniscal tear. Treatment included physical therapy, aqua therapy, lumbar support, knee brace, H-Wave unit, anti-inflammatory drugs, neuropathic medications, sleep aides, antidepressants started on day of injury, and activity restrictions. On January 7, 2013, the injured worker had right knee arthroscopic surgery and medial meniscectomy. Currently, the injured worker complained of persistent low back pain radiating to the bilateral lower extremities rated 7 out of 10 with medications and 9 out of 10 without medications, on a pain scale of 1 to 10. Her increased pain into her hip and knees interfered with household chores and activities of daily living. Her lumbar range of motion was restricted with frequent muscle spasms. The treatment plan that was requested for authorization on September 18, 2015, included prescriptions for Celebrex 200mg, #30, and Gabapentin 300 mg, #90. On September 15, 2015, a request for prescriptions for Celebrex was non-certified and a prescription for Gabapentin 300mg, #90 was modified to a quantity of #50 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. The claimant was on the medications for several months. The Celebrex is not medically necessary.

Gabapentin 300mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation BMJ. 2015 Apr 16;350:h1748. doi: 10.1136/bmj.h1748. Epidural steroid injections compared with gabapentin for lumbosacral radicular pain: multicenter randomized double blind comparative efficacy studyCohen SP1, Hanling S2, Bicket MC3, White RL4, Veizi E5, Kurihara C6, Zhao Z7, Hayek S8, Guthmiller KB9, Griffith SR10, Gordin V11, White MA12, Vorobeychik Y13, Pasquina PF14. J Back Musculoskelet Rehabil. 2009; 22 (1): 17-20. doi: 10.3233/BMR-2009- 0210. Gabapentin monotherapy in patients with chronic radiculopathy: the efficacy and impact on life quality. Yildirim K1, Deniz O, Gureser G, Karatay S, Ugur M, Erdal A, Senel K.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have radicular symptoms. As noted in the referenced literature, Gabapentin improves quality of life as well as provides pain relief superior to ESI. The request for continued Gabapentin is medically necessary.