

Case Number:	CM15-0170434		
Date Assigned:	09/14/2015	Date of Injury:	03/12/2007
Decision Date:	10/28/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 12, 2007. In a Utilization Review report dated July 29, 2015, the claims administrator failed to approve requests for Norco, Neurontin, and Celebrex. An RFA form received on July 17, 2015, an appeal letter dated July 9, 2015, and a June 24, 2015 progress note were referenced in the determination. The applicant's attorney subsequently appealed. On July 22, 2015, the applicant reported heightened complaints of low back pain radiating to bilateral lower extremities. Significance increase in pain was reported. Heightened complaints of lower extremity paresthesias were reported. The applicant had undergone multiple failed lumbar spine surgeries and epidural steroid injections, it was reported. A spinal cord stimulator trial had proven unsuccessful, it was acknowledged. The note was quite difficult to follow as it mingled historical issues with current issues. The attending provider contended that the applicant would be unable to walk her dog without her medications and/or unable to stand for more than 5 minutes continuously. The attending provider contended that the applicant would be bedridden without her medications. The applicant's medications include Norco, Neurontin, Restoril, Colace, extended release morphine, and Celebrex, it was reported. The note was very difficult to follow as it mingled historical issues with current issues. The applicant was described as having "virtually no ability to function," it was acknowledged in one section of the note. Multiple medications were seemingly prescribed. The applicant had recently gone to the emergency department for an exacerbation of pain, it was reported, where

she was given injectable Dilaudid and injectable ketorolac. The applicant's work status was not reported, nor did not appear that the applicant was in fact working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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): Opioids, criteria for use, Opioids, differentiation: dependence & addiction.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS 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. Here, however, the applicant's work status was not reported on the July 22, 2015 office visit at issue, strongly suggesting that the applicant was not, in fact, working. The applicant reported significantly increased pain complaints on July 22, 2015. The attending provider acknowledged that the applicant had "virtually no ability to function" on that date owing to the reported flare in pain. While the attending provider did contend that the applicant had derived some analgesia from ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage. The attending provider's commentary to the effect that the applicant would be bedridden without her medications do not constitute evidence of substantive improvement in function achieved as a result of the same. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicants should receive all opioid prescriptions from a single practitioner and a single pharmacy. Here, however, the attending provider acknowledged on July 22, 2015 that the applicant had recently gone to the emergency department alleging a flare in pain complaints, where she received injectable Dilaudid from the emergency department. Page 85 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that receipt of opioids from "supplemental sources" such as the emergency room is suggestive of prescription opioid abuse. Continued usage of Norco, thus, was seemingly at odds with pages 78, 80, and 85 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Gabapentin 600mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Antiepilepsy drugs (AEDs).

Decision rationale: Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on July 22, 2015, suggesting that the applicant was not working on that date. The applicant was described as having severe pain complaints present on that date. The applicant was described as having "virtually no ability to function," it was reported on July 22, 2015. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents to include Norco and morphine extended release, it was further noted. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Introduction.

Decision rationale: Finally, the request for Celebrex, a COX-2 inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledge that COX-2 inhibitors such as Celebrex may be considered over non-selective NSAIDs such as Motrin or naproxen in applicants who are at heightened risk for development of adverse GI effects, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not clearly reported on July 22, 2015, suggesting that the applicant was not, in fact, working. Severe pain complaints were reported on that date. The applicant retained "virtually no ability to function," the treating provider acknowledged on July 22, 2015. Ongoing usage of Celebrex failed to curtail the applicant's dependence on opioid agents such as Norco and extended release morphine, it was acknowledged on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.