

Case Number:	CM15-0171469		
Date Assigned:	09/11/2015	Date of Injury:	10/12/2011
Decision Date:	11/02/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/31/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old male, who sustained an industrial injury on October 12, 2011. The medical records indicate that the injured worker is undergoing treatment for chronic left knee pain, osteoarthritis of the knee, low back pain, lumbar discogenic disease, right shoulder superior labrum, anterior to posterior tear and left knee derangement. The injured worker was not working. Current documentation dated August 7, 2015 notes that the injured worker reported moderate left knee pain. Examination of the left knee revealed a moderate effusion, mild swelling and tenderness and crepitus to palpation. A Lachman's test was negative. A McMurray's test was positive. Range of motion was decreased. Persistent pain was noted with ambulation. The injured worker was unable to effectively squat. Treatment and evaluation to date has included medications, radiological studies, MRI, physical therapy, transforaminal epidural steroid injections, cortisone injections left knee, Supartz injections to the left knee and a right shoulder rotator cuff repair. Current medications include Lantus insulin, Benazepril HCL, Tramadol HCL and Metformin. Medications tried and failed include Acetaminophen, Ibuprofen, Cyclobenzaprine and Naproxen. Self-treatments tried and failed include rest, ice, heat, topical analgesics and home exercises. Current requested treatments include Celebrex 2100 mg #28 with 1 refill, Gabapentin 300 mg #28 with 1 refill, Zofran 4 mg #15 with 3 refills, over-the-counter Colace 100 mg #28 and over-the-counter EC-ASA 325 mg #28. Utilization Review dated August 26, 2015 non-certified the requests for Celebrex 2100 mg #28 with 1 refill, Gabapentin 300 mg #28 with 1 refill, Zofran 4 mg #15 with 3 refills, over-the-counter Colace 100 mg #28 and over-the-counter EC-ASA 325 mg #28.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Celebrex 2100mg #28 with 1 refill: 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): Anti-inflammatory medications, Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The guidelines recommend that selective NSAIDs such as Celebrex can be beneficial in patients who are intolerant of non-selective NSAIDs because of severe gastrointestinal complication that did not respond to treatment with proton pump inhibitors. The records did not show significant gastrointestinal complication associated with non-selective NSAIDs. There is no documentation of history of gastrointestinal disease. The criteria for the use of Celebrex 2X100mg #28 with 1 refill was not met. The request is not medically necessary.

1 Prescription of Gabapentin 300mg #28 with 1 refill: 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): Medications for chronic pain, Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anticonvulsant.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anti-convulsant medication can be utilized for the treatment of neuropathic pain and chronic pain syndrome. The chronic use of anticonvulsant is associated with improved analgesia, opioid sparing and mood stabilization. The records indicate that the patient is compliant with the use of gabapentin. There is no report of adverse medication effect. The criteria for the use of 1 prescription of gabapentin 300mg #28 with 1 refill was met. The request is medically necessary.

1 Prescription of Zofran 4mg #15 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-emetics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of antiemetics be limited to short term periods in the acute care setting or during chemotherapy treatment. The nausea and vomiting associated with pain medications is self-limiting. There is lack of guidelines support for the chronic utilization of Zofran for the treatment of nausea and vomiting in non-acute care setting. The criteria for 1 prescription of Zofran 4mg #15 with 3 refills was not met. The request is not medically necessary.

1 Prescription of OTC Colace 100mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for the prophylaxis and treatment of opioid induced constipation when non medication measures such as increased fluid and fiber intake have failed. The records did not show subjective complaints of constipation that failed to respond to non-medication measures. The criteria for 1 prescription of OTC Colace 100mg #28 was not met. The request is not medically necessary.

1 Prescription of OTC EC-ASA 325mg #28: 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): Anti-inflammatory medications, Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. There is significant increase in complications when multiple NSAIDs is utilized concurrently. The records indicate that the patient is utilizing multiple NSAIDs concurrently. The criteria for 1 prescription of OTC EC-ASA 325mg #28 was not met. The request is not medically necessary.