

Case Number:	CM15-0029764		
Date Assigned:	02/23/2015	Date of Injury:	09/11/2012
Decision Date:	04/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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: California

Certification(s)/Specialty: Emergency 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 58 year old female who sustained an industrial related injury on 9/11/12. The injured worker had complaints of low back pain. The injured worker also had herpes zoster affecting her face and was placed on Gabapentin. Diagnoses included low back pain, post-traumatic stress and depression, and chronic pain. Treatment included 2 epidural steroid injections. The treating physician requested authorization for Gabapentin 400mg #90 with 5 refills and Celebrex 200mg #60 with 5 refills. On 2/4/15 the requests were non-certified. Regarding Gabapentin, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the medical records do not objectively support the request of Gabapentin for chronic low back pain with no evidence of neuropathic pain. Regarding Celebrex, the UR physician cited the MTUS guidelines and noted the medical records do not objectively support the request for Celebrex in the absence of a diagnosis of osteoarthritis. There is also no documentation of non-tolerance to traditional NSAIDs or lack of effect of other first line drugs. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Pages 16-18.

Decision rationale: The requested Gabapentin 400mg #90 with 5 refills is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage." The injured worker has low back pain. The treating physician has not documented the presence of neuropathic pain, or criteria met functional improvement from its use. The criteria noted above not having been met, Gabapentin 400mg #90 with 5 refills is not medically necessary.

Celebrex 200mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68 & 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications.

Decision rationale: The requested Celebrex 200mg #60 with 5 refills is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has low back pain. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 200mg #60 with 5 refills is not medically necessary.