

Case Number:	CM15-0042228		
Date Assigned:	04/08/2015	Date of Injury:	04/04/1993
Decision Date:	06/11/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/05/2015

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: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 4/04/1993. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, osteoarthritis, joint stiffness involving multiple joints, displacement of lumbar intervertebral disc without myelopathy, lumbosacral degenerative disc disease, lumbago, trochanteric bursitis, and sacroiliac joint dysfunction. Treatment to date has included microdiscectomy in 1994, laminectomy decompression in 2000, diagnostics, lumbar transforaminal epidural steroid injection, acupuncture, and medications. The injured worker presented on 01/16/2015 for a follow-up evaluation regarding the right knee. The injured worker reported increasing low back pain. It was noted that the injured worker was utilizing crutches for ambulation assistance. The injured worker also reported numbness in the right lower extremity and increasing pain in the right leg. Upon examination, there was tenderness to palpation over the right greater trochanter and along the midline lumbar incision with trigger points. Tenderness and spasm at the L3-5 paraspinous muscles was also noted. There was pain with extension of the low back with lumbar facet joint tenderness. Examination of the lumbar spine also revealed 20 degrees extension, 40 degrees flexion, 15 degrees lateral bending, and 30 degrees rotation. There was 4/5 motor weakness in the lower extremities with decreased sensation along the right lateral leg. Deep tendon reflexes were symmetric in the bilateral lower extremities. Treatment recommendations included continuation of the home exercise program and the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), weaning Gabapentin Page(s): 16, 17 and 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines recommend Neurontin for neuropathic pain. In this case, the injured worker has utilized Neurontin 600 mg since at least 11/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Lyrica 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines recommend Lyrica for treatment of diabetic neuropathy and post-herpetic neuralgia. In this case, it is noted that the injured worker has continuously utilized Lyrica since at least 11/2014. The medical necessity for 2 separate anti-epilepsy drugs has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically necessary.

Flexeril 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclo-benzaprine should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication since at least 11/2014. There is no documentation of objective functional improvement. Guidelines do not support long-term use of this medication. There was also no frequency listed in the request. As such, the request is not medically necessary.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs) Page(s): 67 - 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines recommend Celebrex for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does maintain a diagnosis of osteoarthritis. However, there is no documentation of objective functional improvement despite the ongoing use of this medication. The injured worker has utilized Celebrex 200 mg since at least 11/2014. There is also no frequency listed in the request. Given the above, the request is not medically necessary.