

Case Number:	CM15-0067067		
Date Assigned:	05/04/2015	Date of Injury:	04/13/2002
Decision Date:	06/25/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/08/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 56 year old male, who sustained an industrial injury on 4/13/2002. The current diagnoses are lumbar disc degeneration, chronic pain, lumbar disc displacement, failed lumbar back surgery syndrome, post-lumbar laminectomy syndrome, lumbar radiculopathy, status post lumbar fusion, constipation, obesity, and peripheral neuropathy. According to the progress report dated 2/16/2015, the injured worker complains of constant low back pain with radiation down the bilateral lower extremities. The pain is accompanied by constant numbness in the left lower extremity to the level of the thigh and constant tingling in the bilateral lower extremities to the level of the toes. The pain is described as burning and severe. The pain is rated 5/10 with medications and 8/10 without. Treatment to date has included medication management, computed tomography scan, electrodiagnostic testing, physical therapy (limited benefit), acupuncture (limited benefit), and lumbar spine surgery (helpful). The plan of care includes bilateral L4-S1 caudal epidural under fluoroscopy, urine drug screen, Carisoprodol, Celebrex, Gabapentin, and Enovarx-Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, previous urine drug testing has been documented. There was a urine drug test completed 1/08/15 that was positive for Hydrocodone. A repeat urine drug test is not supported to be completed so soon without a specific indication. Medical necessity for the requested urine drug test has not been established. The requested study is not medically necessary.

Carisoprodol 350mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 29, 63.

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Carisoprodol (Soma) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific or significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Celebrex 100mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Celebrex (Celecoxib) is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for

surgical intervention or interventional pain procedures. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. In this case, there is no documentation of the medication's pain relief effectiveness or functional improvement. The medical necessity of the requested medication has not been established. Therefore, the requested medication is not medically necessary.

Gabapentin 600mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti Epilepsy Drugs: Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 17-19, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin.

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. The records documented that the patient has neuropathic pain related to his chronic low back condition. In this case, there was documentation of subjective findings consistent with current neuropathic pain to necessitate use of Neurontin. Pain was rated 8/10 without medication and 5/10 with medication. Medical necessity for Neurontin has been established. The requested medication is medically necessary.

Enovarx-Ibuprofen 10% quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: According to the California MTUS Guidelines, topical non-steroidal anti-inflammatory drug (NSAIDs) are used for the treatment of osteoarthritis and tendonitis, in particular, knee and elbow joints that are amenable to topical treatment. There is little evidence that supports topical NSAIDs as a treatment option for spine and shoulder conditions. The duration of effect is for a short-term use (4-12 weeks) with reported diminished effectiveness over time. In addition, there is no indication for the treatment of chronic pain with both oral and topical non-steroidal anti-inflammatory medications. The documentation indicates that this patient has chronic low back pain with radiculopathy and peripheral neuropathy. There is no documentation of intolerance to other previous oral medications. Medical necessity for the requested topical medication, EnovaRx-Ibuprofen 10% cream has not been established. The requested treatment is not medically necessary.