

Case Number:	CM14-0182791		
Date Assigned:	11/07/2014	Date of Injury:	03/15/2010
Decision Date:	12/25/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/03/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Pennsylvania, Ohio and California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 03/15/2010. The date of utilization review under appeal is 10/29/2014. The patient's treating diagnoses include lumbar facet syndrome, lumbar radiculopathy, and low back pain. A primary treating physician progress note of 10/17/2014 indicates the patient presented with a lower backache. Her pain remained unchanged from previously. The patient reported that her medications were working well, which included Neurontin 400 mg three times a day, Flexeril 2.5-5 mg daily as needed, Celebrex 200 mg as needed, Pristiq, Ultram, and Chlorthalidone. Overall the patient's pain was felt to fluctuate but to be stable, and medications were noted to be helpful on an ongoing basis. Flexeril was noted to relax her muscles and help her sleep better. The patient had been approved for six visits of psychotherapy. The treatment plan included continuing Ultram as needed for pain flares, which was felt to be helpful, as well as Celebrex as an anti-inflammatory medication as needed for pain, Flexeril as needed for spasm, and Neurontin for nerve pain. The patient noted that Celebrex calmed her down and allowed her to improve her standing and walking tolerance including walking a few blocks, picking up her grandchildren at school. She had failed Naproxen but denied gastric upset with Celebrex use and noted the medication worked well for her. An initial physician review noted that Official Disability Guidelines recommend anti-inflammatory medications only for short-term relief and therefore noted that Celebrex was not indicated in this case. That reviewer also noted that there was a lack of clinical documentation or neuropathy in this case, and therefore that reviewer recommended non-certification of Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg capsule, take 1 daily as needed, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medication Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, state that anti-inflammatories are the traditional first line of treatment to reduce pain so functional restoration can resume. This guideline recommends COX-2 inhibitors such as Celebrex only if there is documented evidence of gastrointestinal symptoms. A prior physician review noted that the treatment guidelines only recommend anti-inflammatory medications for short-term use; however, the Medical Treatment Utilization Schedule does support anti-inflammatory medications on a long-term basis if there is documentation of successful risk versus benefit analysis, which is the case here. The medical records do also document failure of Naproxen in the past due to gastrointestinal symptoms, and thus a COX-2 inhibitor such as Celebrex is supported by the treatment guidelines. For these reasons, this request is medically necessary.

Neurontin 400mg capsule, take 1 TID, #90: Overturned

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-Epileptic Medications Page(s): 18.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-epileptic medications, page 18, state that Neurontin has been considered as a first-line treatment for neuropathic pain. The prior physician review states that there is no documentation of neuropathy in this case. Although there is no documentation of neuropathy, there is clear documentation of radicular symptoms from a lumbar radiculopathy with benefit from neuropathic pain medication. Thus this request is medically necessary.