

Case Number:	CM13-0005354		
Date Assigned:	03/03/2014	Date of Injury:	04/20/1985
Decision Date:	04/11/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/30/2013

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 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:

According to the records made available for review, this is a 59-year-old female with a 4/20/85 date of injury. At the time (6/17/13) of request for authorization for Celecoxib (Celebrex Capsule) 100MG and Lidocaine 5% (Lidocaine Viscous Solution) 20MG/ML, there is documentation of subjective (progressing low back pain that radiates down the left leg into the posterior knee) and objective (positive left Patrick's and Gaenslen's tests and tenderness to palpation over the PSIS) findings, current diagnoses (herniated nucleus pulposus L4-5 and L5-S1 and sacroiliitis), and treatment to date (medications (including Calcium D, Magnesium Oxide, and Naproxen Sodium since at least 8/29/12). Discussion indicates a prescription for the patient to start medications Celebrex and Lidocaine 5%. 5/22/13 medical report identifies that the patient denies taking Lyrica, TCA's, and muscle relaxants. Regarding Celebrex, there is no documentation of high-risk of GI complications with NSAIDs. Regarding Lidocaine 5%, there is no documentation that there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).

IMR ISSUES, DECISIONS AND RATIONALES

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

CELECOXIB (CELEBREX CAPSULE) 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI INFLAMMATORY MEDICATION Page(s): 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus L4-5 and L5-S1 and sacroiliitis. In addition, there is documentation of a recommendation for the patient to start Celebrex. However, given documentation that the patient has been taking an NSAID (Naproxen) since at least 8/29/12 without adverse effects, there is no documentation of high-risk of GI complications with NSAIDs. Therefore, based on guidelines and a review of the

LIDOCAINE 5% (LIDOCAINE VISCOUS SOLUTION) 20MG/ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDOCAINE Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation of neuropathic pain after there has been evidence of failure of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica), as criteria necessary to support the medical necessity of lidocaine. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus L4-5 and L5-S1 and sacroiliitis. In addition, there is documentation of a recommendation for the patient to start Lidocaine. However, given documentation that the patient denies taking Lyrica, TCA's, and muscle relaxants, there is no documentation that there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Therefore, based on guidelines and a review of the evidence, the request for Lidocaine 5% (Lidocaine Viscous Solution) 20MG/ML is not medically necessary.