

Case Number:	CM13-0034870		
Date Assigned:	12/11/2013	Date of Injury:	11/05/2008
Decision Date:	06/23/2014	UR Denial Date:	09/28/2013
Priority:	Standard	Application Received:	10/15/2013

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and insomnia reportedly associated with an industrial injury of November 5, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; sleep aids; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a utilization review report of September 28, 2013, the claims administrator denied a request for Celebrex, Voltaren, and urine toxicology screen citing lack of supporting documentation. An earlier progress note of September 16, 2013 is notable for comments that the applicant is off work, is 35 years old, and is a former lifeguard. The applicant reports persistent low back pain with 5/5 lower extremity strength and full range of motion appreciated. Several medications are refilled, and a urine toxicology screen is sought. An earlier note of January 21, 2013 does suggest that the applicant is reportedly "disabled." Although the documentation is not entirely legible, it appears that Naprosyn was apparently discontinued and Omeprazole was started. The urine drug testing of September 16, 2013 was notable for testing of 15 different opioid metabolites, approximately 10 to 15 different antidepressant metabolites, and did include confirmatory testing. It was stated that all the drugs tested for were negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, COX-2 Inhibitor Section, page 22. Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex may be considered if an applicant has a risk of GI complications but not for the majority of patients. In this case, it was never clearly stated that the applicant in fact has a risk of GI complications, although it appears that omeprazole was started at one point in time and Naprosyn stopped, possibly as a result of GI complications. The applicant does appear to be using Celebrex chronically, at least as of the date of the utilization review report. There is, however, no evidence of functional improvement, which would justify continuation of the same. The applicant is off of work, on total temporary disability, which argues against any functional improvement as defined in Section 9792.20(f). Therefore, the request is not certified.

Voltaren gel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren is recommended in the treatment of small joint arthritis. It has not been evaluated for treatment of issues related to the spine, as are present here. As with Celebrex, moreover, the applicant has failed to demonstrate any evidence of functional improvement despite previous introduction of Voltaren gel. Therefore, the request is not medically necessary or appropriate.

1 urine toxicology test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing Topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent urine drug testing in the chronic pain population, the MTUS does not establish a frequency with which and/or specific parameters under which to perform urine drug testing. As noted in the Official Disability Guidelines (ODG) Chronic Pain Chapter, urine drug testing topic, an attending provider should clearly furnish a list of those drugs which an applicant

is taking along with the request accompanying the test. The attending provider should also indicate a complete list of specific drugs being evaluated for as well as the last time of use on the progress note. In this case, however, the attending provider did not include the applicant's complete medication list and/or list of drugs which he is testing for along with the progress note in which drug testing was sought. It is further noted that the attending provider did in fact perform confirmatory testing, which is not recommended by ODG outside of the emergency department drug overdose context. For all of these reasons, then, the request is not medically necessary or appropriate.