

<b>Case Number:</b>	CM13-0055927		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	08/14/2008
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 patient is an employee of [REDACTED] who has submitted a claim for lumbago with sciatica associated with an industrial injury on August 14, 2008. The treatment to date has included oral and topical analgesics, cervical spine surgery, physical therapy, aquatic therapy, lumbar ESI, and activity modification. The utilization review dated November 7, 2013 denied requests for Lidoderm patches and Celebrex because these are not indicated as a first-line treatment for pain. The medical records from 2013 were reviewed and showed persistent bilateral shoulder and low back pain. Physical examination showed diffuse tenderness and minimal spasm across the lower lumbar spine. Lumbar range of motion was decreased (flexion 30 degrees, extension 10 degrees, right and left lateral tilt 10 degrees) with presence of pain. There was numbness of 3rd and 4th digits of right foot and 2nd, 3rd, 4th digits of the left. Straight leg raise was positive bilaterally. Motor strength 5/5 in all motor groups of both lower extremities. Knee reflexes were L4 1+/1+, ankle reflexes S1 1+/1+. There was no mention of pain levels nor ADL impairment. The patient was prescribed Norco since May 2013, Celebrex since July 2013 and Lidoderm patches since September 2013 however dosage, frequency and duration of intake/application were not specified. She was also prescribed with fluoxetine and vicodin as noted March 20, 2014 progress report. It was also noted that the patient had lumbar epidural steroid injection but did not provide pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

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

**Decision rationale:** As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is recommended for localized peripheral pain after 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). In this case, the patient has been on Lidoderm patches since September 2013. There is no evidence in the documents submitted that the patient has failed other first line medications prior to prescribing Lidoderm. Therefore, the request for Lidoderm is not medically necessary.

**Celebrex:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

**Decision rationale:** Celebrex is the brand name for Celecoxib, a COX-2 selective inhibitor. As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option for short-term symptomatic relief for chronic low back pain. In this case, the patient has been using Celebrex since July 2013 however dosage, frequency and duration of intake were not specified. Long-term use is not recommended. There is no discussion concerning the need for variance from the guidelines. Moreover, the request did not specify the dosage and amount of medication to dispense. Therefore, the request for Celebrex is not medically necessary.