

Case Number:	CM13-0062233		
Date Assigned:	12/30/2013	Date of Injury:	07/09/1999
Decision Date:	03/27/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Utah. 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 physician 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 a 55 year old male. The patient's date of injury is 07/09/1999, when he felt a pop in his back. The patient has been diagnosed with lumbar radiculopathy, spinal stenosis, spine degeneration and depression. The patient has had a CT myelogram performed, and the patient has had two surgeries. The date of one of these surgeries was August 31, 2011. Other treatments have included a chiropractor. The physical exam findings show decreased range of motion in the lumbar spine with extension and flexion. Paraspinal muscles are noted to be tender with palpation, with spasm bilaterally in the lumbosacral region. Medications include, but are not limited to, oxycodone, tizanidine tabs, celebrex, diazepam, escitalopram, gabapentin, and hydromophone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib 200mg, one tablet twice a day: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to MTUS guidelines, the use of Celecoxib or (Celebrex), is for those at increased gastrointestinal risk. Increased gastrointestinal risk is defined as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA (Acetyl Salicylic Acid), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Current guidelines also state that the use of NSAIDs should be used at the lowest possible dose for the shortest duration possible for moderate to severe pain. In the clinical documents it is noted that the patient was previously taking Celebrex. The exact dates to previously taking Celebrex are unclear according to the clinical documents. In the clinical documents it is noted that the patient was injured in 1999. Ongoing and chronic use of NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) is not indicated at this time. It is also unclear according to the clinical documents of any increase risk factors for gastrointestinal risk in past medical history. The use of Celebrex, as stated in the above request of Celecoxib 200mg, one tablet twice a day is determined not to be a medical necessity at this time.

Comfort Pac-Tizandine (topical salicylate) 4mg Kit: 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 Analgesics Page(s): 111-113.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Comfort Pac-Tizandine (topical salicylate). MTUS guidelines state the following: Topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed. According to the clinical documents, there is a lack of evidence of neuropathic pain that has failed treatment with antidepressants, anticonvulsants or other NSAIDs at this time. The guidelines also state that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. According the documents provided there is lack of clear evidence of indication for the use of this topical medication. According to the clinical documentation provided and current MTUS guidelines; Comfort Pac-Tizandine (topical salicylate) is not indicated a medical necessity to the patient at this time.