

Case Number:	CM14-0002619		
Date Assigned:	01/29/2014	Date of Injury:	10/25/2003
Decision Date:	07/09/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 a 52-year-old male who has submitted a claim for low back pain and left knee pain, associated with an industrial injury date of October 25, 2003. Medical records from 2012 through 2014 were reviewed. The latest progress report, dated 01/16/2014, showed persistent low back pain and left knee pain. He has difficulty with prolonged activities such as walking or standing. Physical examination of the lumbar spine revealed difficulty in changing positions with restricted range of motion causing painful symptoms. There was guarding with motion. Gait was antalgic. Treatment to date has included left knee arthroplasty (03/08/2013), multiple spinal surgery (2008, 2009), physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200 MG QUANTITY 60 WITH THREE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on

efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect. CA MTUS Chronic Pain Medical Treatment Guidelines also state that COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. In this case, medical records revealed chronic low back pain and left knee pain. Medical records do not reveal the rationale of prescribing Celebrex, such as gastrointestinal risk factors. Moreover, there is no documentation of pain relief (notably VAS pain ratings) or functional benefits derived from Celebrex. Therefore, the request for purchase of Celebrex 200mg #60 with 3 refills is not medically necessary.

FUNCTIONAL CAPACITY EVALUATIONS-LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE GUIDELINES, CHAPTER 7, PAGES 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139; Official Disability Guidelines (ODG) Fitness for Duty Section, Functional Capacity Evaluation.

Decision rationale: As stated on pages 132-139 of the CA MTUS ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. Furthermore, ODG states that it is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. In this case, an appeal letter, dated 11/25/2013, cited that FCE is necessary to determine how much the patient could lift, push, and pull; and how long he can sit and stand. However, the medical reviews did not reveal failed attempts to return to work. The patient is off work since 2012. It is unclear if there is a specific job the patient will be returning to, and, if so what specific job requirements are being questioned. The medical necessity is not established. Therefore, the request for functional capacity evaluation of the left knee is not medically necessary.

TEROCIN CREAM 240 MG ONE TUBE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical Lidocaine is indicated for neuropathic pain and 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). Topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, medical records revealed chronic low back and left knee pain that is inconsistent with neuropathic pain. Furthermore, there is no documentation of the trial of first line therapy oral medications for neuropathic pain as discussed. The medical necessity has not been established. Therefore, the request for the purchase of Terocin cream 240mg #1 is not medically necessary.