

Case Number:	CM14-0010974		
Date Assigned:	02/21/2014	Date of Injury:	03/08/2013
Decision Date:	06/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a female patient with a date of injury of March 8, 2013. A utilization review determination dated January 15, 2014 recommends non-certification of Celebrex 200mg once daily quantity of 30 and compound Diflur 25%/10% 120g for foot pain. Non-certification is recommended for Celebrex due to lack of justification for using both Motrin and Celebrex concurrently. Compound Diflur 25%/10% is non-certified because when one of the topical compound contents is not appropriate the entire compounded product is not recommended. A progress note dated December 12, 2013 contains illegible writing in the subjective complaints. The physical examination findings are also illegible. The diagnosis is right foot pain/strain. The treatment plan recommends Celebrex 200mg once a day quantity of 30, Motrin 80mg three times daily quantity of 90, and Diflur cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG PER DAY, QUANTITY 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 OF 127.

Decision rationale: Regarding the request for Celebrex 200mg QD #30, the Chronic Pain Medical Treatment Guidelines state that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of gastrointestinal (GI) complications. Within the documentation available for review, there is no identification of a high risk of GI complications. There is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Also, the patient is being prescribed Motrin, another NSAID, and there is no documentation justifying the concurrent use of Motrin and Celebrex. In the absence of such documentation, the currently requested Celebrex 200mg QD #30 is not medically necessary.

COMPOUND DIFLUR 25%/10%, 120GM FOR FOOT PAIN, QTY:1.00,: Upheld

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

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

Decision rationale: Regarding request for topical Diflur 25%/10%, the Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. It is unclear exactly what medications are in the currently requested topical product. Regarding the use of topical non-steroidal anti-inflammatory, the MTUS guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Within the documentation available for review, there is no indication that the patient has been unable to tolerate the currently prescribed oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. In the absence of clarity regarding those issues, the currently requested topical compound is not medically necessary.