

Case Number:	CM14-0014297		
Date Assigned:	02/26/2014	Date of Injury:	08/30/2007
Decision Date:	08/11/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/04/2014

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 Anesthesiology, 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 41-year-old female with an 8/30/2007 date of injury. The exact mechanism of injury has not been described. On 12/19/13, the patient notes that her right shoulder continues to be painful and occasionally has stiffness. She utilizes Celebrex as needed and denies adverse side effects. Objective exam shows right shoulder flexion to 160 degrees, tightness along the superior right trapezius, and tenderness to the right shoulder joint. She has 4/5 strength with abduction. She is able to work full-time with restrictions. The diagnostic impression is chronic neck pain, carpal tunnel syndrome, status post rotator cuff tear repair, and status post right shoulder arthroscopy. Treatment to date: medication management, physical therapy, home exercise program, and massage therapy. A UR decision dated 1/9/2014 denied the request for ketamine 5% topical cream. Ketamine is only recommended for the treatment of neuropathic pain in refractory cases where all primary and secondary treatment modalities have failed. A UR decision dated 1/9/2014 for Celebrex 200mg capsule dispensed on 12/19/2013 #30 denied the request. Celebrex is an NSAID. Its uses include relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. Celebrex is a COX-2 selective NSAID that targets inflammation and pain. Non-selective NSAIDS may be more appropriate. Patient should also be screened for any existing GI or bleeding problems. A UR decision dated 1/9/2014 for diclofenac sodium 1.5% 60gm dispensed on 12/19/2013 was denied. The rationale for the decision was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication-topical diclofenac sodium 1.5% 60 gm dispensed on 12/19/2013 quantity ; 1:
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: MTUS Chronic Pain Medical Treatment Guidelines recommend Diclofenac in a 1% formulation for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). However, it is unclear why a 1.5% formulation would be required in this patient. In addition, the patient's pain complaints are not primarily osteoarthritic in nature. However the formulation being used is 1.5% and the only recommended form is the gel in a 1% strength. Therefore, the request for diclofenac sodium 1.5% 60gm dispensed on 12/19/2013 was not medically necessary.

Medication-topical ketamine 5% cream 60 gm dispensed on 12/19/2013 quantity ; 1:
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): 113.

Decision rationale: CA MTUS states that topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. However, Ketamine has only shown promise in neuropathic pain after primary and secondary treatment modalities have been exhausted. There is no specific rationale provided as to why the patient needs this topical medication despite lack of guidelines support. Therefore, the request for TR 91002 medication-topical ketamine 5% cream 60gm dispensed on 12/19/13 was not medically necessary.

Medication Celebrex 200 mg capsule dispensed on 12/19/2013 quantity ; 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter and the Food and Drug Administration (FDA) (Celebrex); JAMA September 13, 2000 Vol 284 No. 10.

Decision rationale: 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,

and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDs in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. However, Celebrex is only supported by guidelines in the setting of patients at risk for adverse GI complications. There is no clear discussion of gastritis or GI complications in this patient. It is unclear why the patient is on Celebrex as opposed to traditional NSAIDs. Therefore, the request for Celebrex 200 mg Capsule Dispensed on 12/19/13 Quantity 30 was not medically necessary.