MAXIMUS Federal Services

| Case Number: | CM14-0016066 | | |
|---|---|---|---|
| Date Assigned: | 04/02/2014 | Date of Injury: | 07/26/2004 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 01/02/2014 |
| Priority: | Standard | Application Received: | 02/07/2014 |

## 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 64 year old male with date of injury of 07/26/2004. The listed diagnoses per [redacted] dated 12/20/2013 are: 1. Neck pain 2. Cervical spine stenosis 3. Left Upper Extremity radiculopathy 4. Bilateral knee pain 5. Osteoarthritis 6. Low back pain 7. Right Lower Extremity radiculopathy 8. Depression 9. Dyspepsia 10. Insomnia CM14-0016066 3 11. Right total knee arthroplasty, 2010 12. Left total knee arthroplasty, 2010 According to the report, the patient presents with neck, left shoulder and arm pain. He has left hand pain with numbness. The patient also reports low back pain and ongoing bilateral knee pain. He also reports difficulty sleeping. The objective findings show decreased range of motion in the cervical spine with guarding. Severe wasting of the left ulnar innervated muscles. There is decreased left hand grip strength. The utilization review denied the request on 01/02/2014. The physician is requesting refills for Celebrex 200mg, Vicodin 5/500mg, and Terocin lotion.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CELEBREX 200MG QD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 60, 61.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 60, 61.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with neck, low back, bilateral knee, and left shoulder pain. The request is for a refill of Celebrex, an NSAID. The MTUS Guidelines page 22 on Anti-inflammatory medications states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. 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." Furthermore, MTUS page 60 and 61 require evaluation of the effect of pain relief in relationship to improvements in function and increased activity when using medications for chronic pain. The review of 116 pages of records show that the patient has been taking Celebrex since 2005. However, none of the reports document medication efficacy as it relates to the use of Celebrex as required by the MTUS guidelines. Recommendation is for denial. The request for Celebrex 200mg QD is not medically necessary.

**VICODIN 5/500MG BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On - Going Management Actions Should Include.. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM)

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with neck, low back, bilateral knee, and left shoulder pain. The request is for a refill of Vicodin 5/500mg. For chronic opiates use, MTUS guidelines require specific documentations regarding pain and function. Page 78 of MTUS require "Pain Assessment" that require "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. The 116 pages of records do not show any "pain assessments" using a numerical scale. In addition, there were no mention of analgesia, ADLs, adverse side effects and aberrant drug-seeking behavior as it relates to Vicodin use. Recommendation is for denial. The request for Vicodin 5/500mg BID #60 is not medically necessary.

**TEROCIN LOTION #2 BOTTLES:** 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.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with neck, low back, bilateral knee, and left shoulder pain. The request is for a refill of Terocin lotion. Terocin lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. The MTUS Guidelines page 112 on topical lidocaine states, "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). Topical lidocaine, in the formulation of a dermal patch (LidodermÂ®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Furthermore, MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, lidocaine is only supported in a patch form. Recommendation is for denial. The request for Terocin Lotion #2 bottles is not medically necessary.