

Case Number:	CM14-0018117		
Date Assigned:	04/16/2014	Date of Injury:	09/27/2007
Decision Date:	06/04/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/12/2014

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 Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 51 year old female who reported an injury on 09/27/2007 secondary to a slip and fall. She was evaluated on 03/03/2014 and reported right shoulder tightness and pain of unknown severity radiating to the right side of the neck. On physical exam, she was noted to have palpable cervical spine muscle tension in the right trapezius muscle. She was also noted to have full range of motion of the right shoulder and a mild impingement sign. Diagnoses included cervical and lumbar strain with degenerative joint disease, lateral epicondylitis, and right shoulder strain. Medications at that time included Flexeril 10mg tab at bedtime as needed, Lidoderm 5% patch, Voltaren 1% gel 4g twice a day, and Celebrex 200mg every 12 hours as needed. The injured worker has used Lidoderm, Voltaren, and Celebrex since at least 04/27/2013, and she was also treated previously with physical therapy according to the documentation provided. A previous MRI on an unknown date revealed mild disc bulge at the lower cervical spine. An MRI of the shoulder has been conducted, but results are not documented. A previous NCS on an unknown date revealed normal findings. The injured worker has been recommended for Voltaren 1% gel 160gm 4 refills and Celebrex 200mg, #60 2 refills. The documentation submitted for review failed to provide a request for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 1% GEL 160GM X4: 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): 111-112.

Decision rationale: The request for Voltaren 1% gel 160gm x4 is non-certified. California MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental in use and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren Gel 1% has not been evaluated for treatment of the spine or shoulder and is not recommended for neuropathic pain. As of the most recent clinical note, the injured worker reported pain in the right shoulder radiating to the neck, and she received diagnoses relating to the spine and shoulder. Therefore, the requested medication is not indicated for use to treat the injured worker's current conditions. There is a lack of imaging evidence of osteoarthritis. Furthermore, the documentation provided indicates that the injured worker has used Voltaren 1% gel since at least 04/27/2013. However, there is no documented evidence of quantifiable pain relief and/or functional improvement to support Voltaren efficacy and warrant continued use. Furthermore, there was no provided rationale for why the injured worker would require both an oral and topical NSAID. As such, the request for Voltaren 1% gel 160gm x4 is non-certified.

CELEBREX 200MG, #60 X2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, NSAIDS, Page(s): 22, 67-68.

Decision rationale: The California MTUS Chronic Pain Guidelines do not support the use of NSAIDs to treat long-term neuropathic pain. In this case, it was noted that the injured worker has taken Celebrex since at least 04/27/2013. While documentation from January of this year states that Celebrex used in conjunction with Tylenol had enabled the patient to go to work, the most recent clinical note does not indicate the injured worker's current work status or provide detailed evidence that the medication is still providing significant, quantifiable pain relief and/or functional improvement. There is a lack of imaging evidence of osteoarthritis. Furthermore, Celebrex is a COX-2 inhibitor, which is not recommended by evidence-based guidelines over other NSAIDs unless the injured worker is at risk for gastrointestinal complications. There is no indication in the documentation provided that the injured worker is at risk for gastrointestinal complications. In addition, there was no provided rationale for why the injured worker would require both an oral and topical NSAID. The request for Celebrex 200mg, #60 2 refills is not medically necessary and appropriate.