

Case Number:	CM14-0133036		
Date Assigned:	08/22/2014	Date of Injury:	10/01/1995
Decision Date:	09/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family Medicine and is licensed to practice in Ohio. 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 sustained a work-related injury on September 18, 2012. He has primarily had neck pain radiating down the left upper extremity but he has also had low back pain radiating down the right lower extremity. There is some debate as to whether the back pain is connected to his original date of injury. His physical exam is revealed tenderness to palpation of the cervical spine musculature and directly over the spine, tenderness to palpation of the lower lumbar spine with diminished range of motion. He has been maintained on antiepileptic medication for nerve pain, antidepressants, oral opioids, oral nonsteroidal anti-inflammatories, and topical nonsteroidal anti-inflammatories in the form of a patch and a gel. His diagnoses include lumbar strain, cervical radiculopathy, depression and anxiety. It is noted that ibuprofen previously has caused stomach upset. The injured worker underwent an anterior cervical decompression and fusion surgery on 8-27-2013. On July 21, 2014 a note from the treating physician states that there has been no significant change in his cervical symptoms over the last few months and that the injured worker experiences constant cervical pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic Pain Section>, <Nonsteroidal Anti-Inflammatory Drugs>.

Decision rationale: For osteoarthritis generally and for chronic low back pain specifically, nonsteroidal anti-inflammatory drugs such as Celebrex are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Celebrex, like the other nonsteroidal anti-inflammatory drugs, may be used for acute exacerbations of chronic low back pain and osteoarthritis but there is no evidence for long-term effectiveness in terms of pain or function. In this instance, it appears that the injured worker has been using oral anti-inflammatory drugs chronically. Therefore the request for Celebrex 200mg is not medically necessary.

FLECTOR PATCH 1.3%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Topical Anti-Inflammatories>, <Flector Patch>.

Decision rationale: Flector patch is a topical anti-inflammatory that is FDA indicated for acute strains, sprains, and contusions. Topical NSAIDs have been shown in large studies to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks. In this instance, the Flector patch has been utilized for greater than two weeks and is therefore not medically necessary.

VOLTARAN GEL 1 %: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic Pain Section>, <Topical Anti-Inflammatories>.

Decision rationale: Voltaren gel is a topical anti-inflammatory which is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Topical anti-

inflammatories are also recommended for short-term use (one to two weeks), particularly for soft tissue injuries such as sprain/strains. According to a recent review, topical NSAIDs can provide good levels of pain relief for sprains, strains, and overuse injuries, with the advantage of limited risk of systemic adverse effects as compared to those produced by oral NSAIDs. In this instance, the site of application has not been specified but is presumed to be the neck region. It appears the medication is also been used for a period of time exceeding two weeks. Therefore, Voltaran Gel 1 % is not medically necessary.

OMEPRAZOLE 20 MG # 60 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic Pain Section>, <Proton Pump Inhibitors>.

Decision rationale: Proton pump inhibitors, such as Prilosec, are recommended to diminish the risk for gastrointestinal events like bleeding, perforation, or ulceration. When prescribing a proton pump inhibitor a clinician must determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. In this instance, the injured worker appears to have none of the above risk factors for gastrointestinal events especially given that the Celebrex and two topical anti-inflammatories were felt to be medically unnecessary. Therefore, Omeprazole 20 MG # 60 with 3 refills is not medically unnecessary.