

<b>Case Number:</b>	CM14-0135638		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	04/05/2005
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Internal Medicine 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 54-year-old female with date of injury on 04/05/2005 with no reported mechanism of action. The patient is, documented by the notes provided, to have low back pain/buttock pain felt to be SI and lumbar facet mediated. There are no reports of prior medication use or failure and the current regimen is Celebrex, Lidocaine patches, and Tramadol. The request is for Celebrex 200mg twice daily and for Lidoderm patches #60 x 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg 1 capsule twice daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatments Guidelines ; NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

**Decision rationale:** MTUS states use of non-steroidal anti-inflammatory drugs (NSAIDs) is recommended in many chronic pain conditions, including low back pain. Celebrex is a COX-2 inhibitor and is a special type of NSAID that is generally used when failure of other NSAIDS and/or gastrointestinal (GI) distress/bleeding has been documented in the past. The notes provided do not show any past use of other NSAIDS in trial and/or failure. Furthermore, there is

no mention of high risk of GI bleeding for this patient and/or GI distress in the past. Therefore, based on the notes provided, the COX 2 inhibitor is not approvable and the Celebrex 200mg prescription is not medically indicated.

**Lidoderm patch 5% 700mg patch #60 Refills 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**Decision rationale:** Per MTUS, Lidoderm patches can be used in peripheral nerve/neuropathy syndromes. Usually this is done after first-line medications have been tried and failed. These medications are from the tricyclic, serotonin-norepinephrine reuptake inhibitor (SNRI), or anti-epileptic class of drugs. Not only is there no documentation that this patient has tried and failed any of those drugs, there is no documentation that this patient has a neuropathy disorder. Therefore, based on the data provided, the Lidoderm patches #60 x 2 refills is not medically indicated.