

Case Number:	CM14-0138883		
Date Assigned:	09/05/2014	Date of Injury:	03/03/1988
Decision Date:	09/29/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/27/2014

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 Emergency 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:

Patient has a reported date of injury on 3/3/1988. Mechanism of injury is reportedly from a lifting incident. A full list of diagnosis was not provided except for a diagnosis of low back pain and post lumbar laminectomy in 1989. Medical reports reviewed. Last report available was until 7/28/14. Patient has low back pain and L lumbosacral radiculopathy. Patient's pain occurs occasionally and is associated with numbness to L calf. Patient has chronic numbness to toes of right foot. Patient reports stiffness in the mornings. Note reports that patient takes Celebrex intermittent as needed only. Objective exam reveals left sided Patrick's maneuver was contradictory with a report on 7/9/13 reporting negative and 7/28/14 was positive on right side, and decreased to trace reflexes in bilateral lower extremities. A letter dated 8/22/14 from the patient states that he has been prescribed Celebrex for 15years and "is wonderful" and "is like WD40 for the spine" and Flector patches has been taken for 5 years, is taken when Celebrex is not being used. Letter also notes that he is careful when using Celebrex, but does not expect to ever be off the medication. Note mentions that Flector patch was not being used when last progress note was being written but when he uses it, it is "very beneficial". The author argues that he has a long standing history but that UR did not look at his extensive history going back to 1988. The author also makes several other points that are not relevant to this review. Independent Medical Review is for Flector patches 1.3% #60 and Celebrex 200mg #60. Prior UR on 7/30/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Flector Patches 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Pages 111-113. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Flector (Diclofenac Epolamine) have poor evidence to support its use but may have some benefit. Diclofenac is has evidence for its use in in joints that lend itself for treatment such as knees, elbows, ankles etc. but has no evidence to support its use for the shoulder, spine or hip. Patients may be using Flector appropriately but as per MTUS Guidelines, the use of Flector patches for patient's back pain is not supported by evidence and is not medically necessary.

60 Tablets of Celebrex 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Pages 111-113. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: Celebrex is a COX-2 selective inhibitor, an NSAID. As per MTUS Chronic pain guidelines, COX-2 inhibitors like Celebrex is recommended only for patient are with risk of gastrointestinal events like bleeds. There is no documentation of patient's other medical problems or any risks for GI events. Note on 7/28/14 recommended that patient start an aspirin for cardiovascular protection for unknown reason. COX-2 inhibitors are not recommended in patients with cardiovascular risks. Despite the patient's statement that Celebrex helps with patient's pain, the lack of documentation by the treating providers do not support the continued use of Celebrex. Celebrex is not medically necessary.