

Case Number:	CM14-0156943		
Date Assigned:	09/29/2014	Date of Injury:	01/20/2011
Decision Date:	11/25/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/25/2014

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 Preventative Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 47 year old employee with date of injury of 1/20/2011. Medical records indicate the patient is undergoing treatment for s/p total knee arthroplasty; right knee pain and abdominal discomfort. Subjective complaints include pain rated 7/10. She has trouble squatting and kneeling but she can still garden and walk short distances. She has a history of gastric upset with NSAIDS. Objective findings related to her knee were not noted. Treatment has consisted of Voltaren gel, Celebrex, Ibuprofen and Naprosen. The utilization review determination was rendered on 8/28/2014 recommending denial of Celebrex 200mg QTY: 720.00 and Voltaren 1% topical gel QTY: 12.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg QTY: 720.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs Page(s): 22, 30, 70. Decision based on Non-MTUS Citation Pain, NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: Anti-inflammatory medications are the traditional first line treatment for pain, but COX-2 inhibitors (Celebrex) should be considered if the patient has risk of GI complications, according to MTUS. The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications. Risk factors for GI bleeding according to ODG include: (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 or multiple NSAID (e.g., NSAID + low-dose ASA). Based on the history of NSAID dyspepsia and acute 7/10 pain the medical necessity is established for Celebrex. However, the patient is also taking Ibuprofen and Naprosyn in addition to Celebrex, putting the patient at increased for GI complications due to NSAID therapy. The treating physician did not detail a plan to stop and or wean the patient off of Naprosyn or Ibuprofen. As such, the request for Celebrex 200mg QTY: 720.00 is not medically necessary.

Voltaren 1% topical gel QTY: 12.00: Upheld

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

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

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states for Voltaren Gel 1% (diclofenac) that it is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints As such, the request for Voltaren 1% topical gel QTY: 12.00 is not medically necessary.