

Case Number:	CM14-0168273		
Date Assigned:	10/15/2014	Date of Injury:	11/10/2000
Decision Date:	11/19/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic neck pain, chronic shoulder pain, thoracic outlet syndrome, and dysthymia reportedly associated with an industrial injury of November 10, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and extensive periods of time off of work. In a Utilization Review Report dated September 23, 2014, the claims administrator denied a request for Celebrex, Lidoderm, and Flexeril. The applicant's attorney subsequently appealed. In a May 12, 2014 progress note, the applicant was asked to remain off of work, for three months through August 1, 2014. Constant neck, arm, and shoulder pain were reported. The note was handwritten, sparse, and difficult to follow, not entirely legible. Celebrex and Lidoderm patches were apparently endorsed, although the note was very difficult to make out. On June 19, 2014, the applicant was kept off of work through September 1, 2014. Trigger point injections, physical therapy, and acupuncture were endorsed owing to ongoing neck and shoulder pain complaints. On July 14, 2014, trigger point injections were sought. The attending provider acknowledged that the applicant "remained disabled" with pain complaints of 9/10 or greater. The attending provider stated that the applicant had failed to respond to Celebrex, Advil, Tylenol, Lidoderm, and hot and cold patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 Mg 1 Tab Bid #60, 2 Refills: 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 topic, 9792.20f Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does note that COX-2 inhibitor such as Celebrex are recommended in applicants who are at heightened risk for GI complications, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medications efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability, implying a lack of functional improvement as defined in MTUS 9792.20f. The applicant continues to report pain complaints in the severe range, at 9/10 or greater, despite ongoing usage of Celebrex. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing use of Celebrex. Therefore, the request was not medically necessary.

Flexeril 5 Mg 1 Tab Tid #90, 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request was not medically necessary.

Lidoderm Patches 5% #90, 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm(Lidocaine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine/Lidoderm is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of the failure of oral anticonvulsant adjuvant medication and oral antidepressant adjuvant medication

failure prior to introduction and/or selection of the Lidoderm patches at issue in any of the handwritten progress notes, referenced above. Therefore, the request was not medically necessary.