

Case Number:	CM14-0171206		
Date Assigned:	10/23/2014	Date of Injury:	02/06/2012
Decision Date:	11/28/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/16/2014

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 New York. 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 claimant is 42 year old male who sustained an industrial injury on 02/06/2012. The mechanism of injury was not submitted for review. His diagnoses include left elbow and left shoulder pain. Physical exam reveals tenderness over the left rotator cuff and left AC line, decreased range of motion and a positive impingement sign. Treatment has included medical therapy with Celebrex, Voltaren Gel 1%, and Neurontin. The treating provider has requested Celebrex 200mg # 30, Neurontin 300mg #90, and Voltaren Gel 1% 100 gm tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-sSteroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 30.

Decision rationale: NSAIDs may be grouped into three categories based on their relative selectivity for COX2; there are non-selective, partially selective, and selective agents. Celecoxib is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor; a drug directly targets COX-2, an enzyme responsible for inflammation and pain. Celecoxib may have a

lower risk of GI events relative to nonselective NSAIDs; however, this has not been conclusively demonstrated with long term use and it is not known how Celecoxib compares to generic partially selective NSAIDs. The difference in the absolute risk of serious GI effects between Celecoxib and other NSAIDs is small and of unknown clinical significance. Elderly, those using high doses of NSAID, concurrent use of corticosteroids or anticoagulants, and prior history of significant GI related events may result in an increase in the incidence of adverse effects from any NSAID. There is no specific indication for Celebrex therapy. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS 2009 Page(s): 13.

Decision rationale: The recommended medication, Gabapentin is not medically necessary for the treatment of the patient's condition. Per the documentation there is no evidence that the claimant has neuropathic pain. Per California MTUS Guidelines 2009 antiepilepsy medications are a first line treatment for neuropathic pain. A recommended trial period for an adequate trial of gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient has been prescribed the medication and there is no specific documentation of a positive response to this medical therapy. Medical necessity has not been documented and the requested treatment is not medically necessary for treatment of the patient's chronic pain condition.

Voltaren Gel 1% 100gm tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines 2009 Page(s): 111.

Decision rationale: The documentation indicates that the claimant has left shoulder and left elbow pain. He is maintained on medical therapy which includes an oral anti-inflammatory medication, Celebrex, and a topical non-steroidal anti-inflammatory medication, Voltaren Gel 1%. Per California MTUS Guidelines, topical non-steroidal anti-inflammatory medications are used for the treatment of osteoarthritis particularly the knee. The duration of effect is for a period of 4 to 12 weeks with reported diminished effectiveness over time. In addition there is no indication for the treatment of chronic pain with both oral and topical anti-inflammatory medications. Medical necessity for the requested item has not been established. The requested item is not medically necessary.