MAXIMUS Federal Services

Case Number:	CM14-0172994		
Date Assigned:	10/23/2014	Date of Injury:	09/23/2013
Decision Date:	12/02/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old female who had a work injury dated 9/23/13.The diagnoses include knee sprain; lumbar degenerative disc disease; cervical strain with preexisting cervical stenosis; left shoulder impingement right shoulder pain status post her previous right rotator cuff repair.Under consideration are requests for Celebrex 200mg Qty 30; Lidoderm 5% (700mg) Qty 30.A 7/25/14 progress note states that the patient is on modified duty and tolerating her medications. She is on modified duty which is being accommodated. Her medications include Celebrex, Tylenol, Lexapro,and Tizanidine.An 8/7/14 document states that the patient is worsened without clinical reason. There is increased pain and swelling in the left knee and decreased range of motion.A 9/10/14 progress states that the patient is currently not working. She complains of intermittent low back pain. She states Lidoderm and Celebrex diminish the pain. The sitting straight leg raise is negative. The supine straight leg raise is negative on right and limited on the left due to knee pain. There is left knee effusion. There are trace knee and ankle reflexes bilaterally and also no weakness of toe dorsiflexors. On exam there is limited low back range of motion. The treatment plan includes Celebrex and Lidoderm patch.A 9/23/14 document states that the patient has knee pain. There is no weakness, numbness or tingling. There is no edema, foot or ankle pain. There is no pain with motion. There is no restriction to range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celecoxib, Pain Outcomes and Endpoints Page(s): 70, 8.

Decision rationale: Celebrex 200mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS can be used in osteoarthritis and low back pain at the lowest dose for the shortest amount of time. The MTUS guidelines state that continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. The documentation indicates that the patient has been remained on Celebrex without significant improvement in pain or function. Without evidence of functional improvement as defined by the MTUS the request for continued use of Celebrex is not medically necessary.

Lidoderm 5% (700mg) Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Pain Outcomes and Endpoints Page(s): 56, 8.

Decision rationale: Lidoderm 5% (700mg) Qty 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines.The MTUS guidelines state that continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. The documentation indicates that the patient has been remained on Lidocaine without significant improvement in pain or function. The guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia.The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For all of the above reasons the request for Lidoderm 5% (700mg) Qty 30 is not medically necessary.