

<b>Case Number:</b>	CM14-0021489		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	11/06/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

This is a 38-year-old male with an 11/06/2009 date of injury. A specific mechanism of injury was not described. 2/8/14 determination was non-certified given no osteoarthritis or failure of oral NSAIDs for the use of Pennsaid. Regarding Cymbalta, given no diagnoses that elucidated the patient's overall condition for Cymbalta prescription. Regarding Celebrex given that the patient was experiencing side effects to the medication and the medication was used for long term. 1/21/14 medical report identifies lower back pain with muscle spasms in the lumbar and thoracic regions. Left leg L4-5 numbness and L5-S1 weakness with muscle spasm and enlarged left Achilles tendon. Sleep disorder and affective disorder aggravated by prolonged chronic pain. It is noted that Celebrex was discontinued on 12/17/13, but prescribed on 1/21/14 in case of adverse events after discontinuing the medication and also if the patient wants to restart Celebrex due to pain. It is also noted that the patient's mood related to the chronic pain remains decreased with his current dose of Cymbalta at 20mg twice a day. Since discontinuing Lyrica, gastrointestinal symptoms have remitted. Celebrex 200mg had reduced pain by over 50% without symptoms since he reduced the dose to daily from twice a day. Pennsaid had reduced musculoskeletal pain in his left leg by over 50% and is applied four times a day. With medications, he can walk three miles and can sit for more than 1 hr on a soft surface. He continued to sleep 8 hours at night with 1 interruption due to discomfort. He continues to performed leg stretches and walks using TheraBands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PENNSAID 1.5% SOLUTION #1 BOTTLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111. As well as Non MTUS Official Disability Guidelines (ODG), Pain, FDA.

**Decision rationale:** Pennsaid is FDA approved only for osteoarthritis of the knee. There was no indication that the patient had osteoarthritis (neither on the knee or any joint). There was no clear rationale for the use of Pennsaid for the patient's neuropathic pain.

**CYMBALTA 20MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-DEPRESSANTS FOR CHRONIC PAIN.

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants, page 13-14.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The patient has neuropathic pain and also has a mood disorder that has been appropriately managed with the proposed medication regimen. There has been improvement in function, sleep, and pain. The proposed medication was medically necessary to continue with the current level of functioning.

**CELEBREX 200MG #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-inflammatories.

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Anti-inflammatories as well as the Non MTUS Official Disability Guidelines (ODG), Pain Chapter. Other Medical Treatment Guideline or Medical Evidence: The FDA states that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis.

**Decision rationale:** The MTUS states that COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. While there was no clear indication that the patient had GI complications on other NSAIDs, given the 2009 date of injury, it would be reasonable to assume that other medications had been tried prior to the prescription of Celebrex. It was noted that the patient has some GI complaints that stopped with discontinuation of Lyrica and with decrease of Celebrex to a daily dose. There has been substantial improvement in pain and function with the medication, and therefore, continuation was medically necessary.