

Case Number:	CM14-0021568		
Date Assigned:	05/07/2014	Date of Injury:	06/05/2010
Decision Date:	08/07/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, 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 injured worker is a 56-year-old female who was injured on 6/5/10. The mechanism of injury is not listed in the records reviewed. The injured worker has diagnoses of lumbar radiculopathy, cervical radiculopathy, cervical disc degeneration, cervical facet arthropathy, chronic pain, and insomnia secondary to chronic pain. The current medications taken are cyclobenzaprine 7.5mg, tizanidine 2mg, tramadol ER 150mg, naproxen sodium 550mg, diclofenac XR 100mg, Omeprazole D.R. 20mg, and Lidoderm 5% patch. A progress note from 1/17/14 mentioned the injured worker was in moderate distress, spasm bilaterally in the paraspinal muscles, spinal vertebral tenderness in the cervical spine C4-7, pain increase with flexion, extension and rotation. No other physical exams findings were listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Celecoxib (Celebrex) is the only available COX-2 in the United States. 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. The medical records do not establish the patient is at significant risk for GI complications. In fact the injured worker was taking Naproxen without mention of any side effects. Therefore, the medical necessity of Celebrex has not been established.

LIDODERM 5% (700MG/PATCH) #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Lidocaine is 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), which is not the case in this injured worker. Furthermore, there is no documentation of any significant improvement in pain and function with prior use. Therefore, the medical necessity of the request cannot be established according to the guidelines.