MAXIMUS Federal Services

Case Number:	CM14-0021714		
Date Assigned:	05/05/2014	Date of Injury:	01/13/2009
Decision Date:	08/07/2014	UR Denial Date:	01/21/2014
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 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:

This is a 63-year-old female patient with a 1/3/09 date of injury. The mechanism of injury was not provided. A 12/26/13 progress report indicated lower back pain radiating to her bilateral buttocks, posterior thighs, and calves. A progress report dated on 3/7/14 indicated that the patient continued to have left knee pain and left knee lateral swelling due to left knee total replacement surgery on 8/5/13. Her pain had been 5/5 in severity. She also reported instability with walking. Objective findings revealed moderate edema over the left knee. Range of motion of the left knee was 0-90 degrees with pain. She was diagnosed with s/p left total knee arthroplasty, Left knee pain with subjective instability on her left knee, s/p Posterior lumbar interbody fusion at L4-5, and s/p Left S1 joint fusion. Treatment to date includes: Physical therapy and medication management. She was taking Ranitidine for GERD and Dexilant for Gastritis. There is documentation of a previous 1/21/14 adverse determination, because the request for additional information to support this request has remained unanswered.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG, #60: 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): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter)Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex). (JAMA September 13, 2000, Vol 284, No. 10).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDS in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. There was documentation that the patient was already taking medication for GERD and Gastritis in her recent available medical record, and was noted to still have gastrointestinal symptoms despite the use of Celebrex. In addition, this patient is 63-years-old, and the FDA indicates that Celebrex puts patients at increased risk for cardiovascular disease, and there is no indication that this concern would have been addressed with the patient. There is no evidence that the patient's complaints are osteoarthritic in nature. With a 2009 date of injury and previous Celebrex prescriptions, there is lack of documentation of efficacy with previous Celebrex treatment. Therefore, the request for Celebrex 200mg, #60 is not medically necessary.

COMPOUND CREAM (GABAPENTIN 15%, PRILOCAINE 3%, FLUTICASONE 1%, LEVOCETIRIZINE 2% TOPICAL GEL PRACASIL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GuidelineBoswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, there was no evidence of significant pain relief or functional gains following of compounded medication. In addition, guidelines cited that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for compound cream (Gabapentin 15%, Prilocaine 3%, Fluticasone 1%, Levocetirizine 2% topical gel Pracasil) is not medically necessary.