

Case Number:	CM14-0041767		
Date Assigned:	07/02/2014	Date of Injury:	02/25/1997
Decision Date:	09/12/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/07/2014

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 56-year-old female with a 2/25/97 date of injury. The mechanism of injury was not noted. According to a progress report dated 3/13/14, the patient stated that her neck and shoulder pain has progressed because she has been more active. She rated her pain level as 6-7/10. Objective findings: moderate restriction of the neck with lateral flexion bilaterally and mild restriction with lateral rotation, myofascial findings present in the posterior neck and shoulder regions. Diagnostic impression: cervicogenic pain in joint, shoulder region; unspecified myalgia and myositis. Treatment to date: medication management, activity modification. A UR decision dated 3/20/14 denied the requests for Voltaren gel, Celebrex, and Lidoderm. Regarding Voltaren and Lidoderm, there are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested topical cream in this claimant's clinical scenario. Regarding Celebrex, guidelines do not support long-term utilization of NSAIDs typically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% QID 200 grams: 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 Page(s): 112.

Decision rationale: CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. This patient suffers from joint pain in the shoulder region. However, guidelines do not support the use of Voltaren Gel in the shoulder region therefore, the request for Voltaren 1% QID 200 grams is not medically necessary.

Celebrex 200mg BID # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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 regimen with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. According to the reports provided for review, the patient has increased her Celebrex dosage due to an acute exacerbation of her pain. Guidelines support the use of NSAIDs for acute pain therefore, the request for Celebrex 200 mg BID #60 was medically necessary.

Lidoderm 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm.

Decision rationale: CA MTUS states 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned

patches and duration for use (number of hours per day). This information was not provided in the reports provided for review. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as Gabapentin. Therefore, the request for Lidoderm 5% #30 is not medically necessary.