

<b>Case Number:</b>	CM14-0045265		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/20/2009
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for hand and wrist pain reportedly associated with an industrial injury of July 20, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; and topical drugs. In a Utilization Review Report dated March 19, 2014, the claims administrator approved a request for Norco while denying Lidoderm patches and oral Celebrex. The applicant's attorney subsequently appealed. In a progress note dated March 5, 2014, the applicant was described as having persistent complaints of right upper extremity pain. The applicant was using Norco, Dendracin lotion, and Celebrex, it was suggested. The applicant had had reportedly normal electrodiagnostic testing of the right upper extremity dated February 29, 2012 and was, furthermore, status post a right carpal tunnel release surgery and ganglion cyst excision on November 28, 2009, it was further stated. The applicant had a BMI of 32. It was stated that the applicant was pending a wrist MRI and recently consulted a hand surgeon. The applicant had a pending hearing before the Workers' Compensation Appeals Board (WCAB), it was suggested. The applicant was asked to continue Norco for pain relief. Celebrex was endorsed for pain and inflammation purposes. A trial of the Lidoderm patches for topical analgesia was sought. In the review of systems section of the report, it was specifically stated that the applicant denied any issues with abdominal pain or nausea. In an earlier note of February 6, 2014, the applicant was asked to continue Norco, hold Voltaren gel, try Dendracin lotion, and try a sample of Pennsaid for chronic wrist pain issues. The applicant did not appear to be working with the permanent 10-pound lifting limitation in place. This report did not appear to contain a review of systems section. On a progress note of January 22, 2014, the applicant was again described as having a negative gastrointestinal review

of systems, including a negative heartburn below. The applicant was given a prescription for Celebrex.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lidoderm 5% Patch #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation, 8th edition, 2013.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there is no evidence that the applicant had in fact tried and/or failed antidepressants and anticonvulsants before Lidoderm patches were considered. Therefore, the request is not medically necessary.

#### **Celebrex 200mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013.

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

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex can be considered if an applicant has a risk of GI complications but are not indicated for the majority of applicants. In this case, several progress notes, referenced above, were all notable for comments that the applicant denied any history of or issues with GI complications such as reflux, heartburn, and/or dyspepsia. Therefore, the request for Celebrex is not medically necessary.