

Case Number:	CM14-0054164		
Date Assigned:	07/07/2014	Date of Injury:	12/15/2009
Decision Date:	08/12/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/23/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 32 year old male with a work injury dated 12/15/09. He sustained injuries to his cervical lumbar spine and bilateral shoulders. The diagnoses include cervical facet capsular tears, bilateral shoulder intrathecal pathology consistent with impingement syndrome with history of fracture of humeral head of the right shoulder and labrum tear and rotator cuff tear, lumbosacral injury, lumbar disc protrusions, possible hip intra articular pathology with potentially overlapping sacroiliac dysfunction, neuropathic dyesthesias, depression, sleep disturbance. Under consideration are requests for Celebrex 20 mg 1 PO daily # 30 with 3 refills and Pennsaid 1.5 percent solution apply 20 gts to right shoulder q8 150 mg with 3 refills. On an office visit dated 2/28/14 the patient continues to complain of shoulder, low back and cervical pain. On the physical exam dated 2/28/14 the muscle strength full and strength symmetric. There is normal muscle tone without any atrophy or abnormal movements. The right shoulder revealed decreased range of motion with tenderness in the anterior joint space and the deltoid insertion point. Positive Impingement sign and this has markedly increased with the potential for instability. The L4, L5 and SI dermatome demonstrates decreased light touch sensation bilaterally, right is worse than left. The right patellar reflex and right Achilles reflex is 1/4. Left patellar reflex and Left Achilles reflex is 2/4. The neck exam reveals pain to palpation over the C2 to C3, C3 to C4 and C4 to C5 facet capsules. Further findings reveal Bilateral, secondary myofascial pain with triggering and ropey fibrotic banding, pain with rotational extension indicative of facet capsular tears bilateral, negative Spurling's maneuver. There is a Negative maximal foraminal compression testing and no pain with Valsalva. The lumbosacral exam reveals positive pelvic thrust right, pain with Valsalva bilateral, positive FABER maneuver right. Positive Gaenslen's maneuver right, positive Patrick's maneuver right. There are references of

pain to palpation over the L3 to L4, L4 to L5 and L5 to S1 facet capsules bilateral, pain with rotational extension indicative of facet capsular tears bilateral, secondary myofascial pain with triggering and ropey fibrotic banding and positive stork test right. He has findings for epicondylitis that is significant for provocative maneuvers. The treatment plan includes the medications Celebrex, Norco, Pristiq and Pennsaid. There is a 12/27/13 physician office visit that states that the patient presents today for follow-up evaluation of hypertension. The document states that the condition has existed for an extended amount of time. Condition is stable but the severity of condition is gradually worsening over time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 20mg 1 po qd #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Celebrex) Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Acupuncture Medical Treatment Guidelines Page(s): 67-71.

Decision rationale: Celebrex 20mg 1 po qd #30 with 3 refills is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) guidelines. There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Nonsteroidal anti-inflammatory drugs (NSAIDs) are used as an option for short-term symptomatic relief for chronic low back pain. The guidelines states that in hypertensive patients all NSAIDs have the potential to raise blood pressure in susceptible patients. The documentation indicates that the patient has been on Celebrex since at least October of 2013 without without evidence of significant functional improvement or improvement in symptoms. Furthermore, the documentation dated 12/27/13 states that the patient was seen for a hypertension follow up which is gradually worsening over time. For these reasons the request for Celebrex 20mg 1 po qd #30 with 3 refills is not medically necessary.

Pennsaid 1.5% solution apply to gtts to right shoulder q8 150mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): p.111-112.

Decision rationale: Pennsaid 1.5% solution apply to gtts to right shoulder q8 150mg with 3 refills is not medically necessary per the the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or

safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation does not indicate intolerance of oral medications. The documentation indicates that the patient has been using Pennsaid since at least Oct. 2013 without evidence of significant functional improvement or improvement in symptoms. Without intolerance of oral medications and without guidelines reporting evidence of efficacy to use in the shoulder the request for Pennsaid Pennsaid 1.5% solution apply to gtts to right shoulder q8 150mg with 3 refills is not medically necessary.