

Case Number:	CM14-0065410		
Date Assigned:	07/11/2014	Date of Injury:	01/31/2008
Decision Date:	09/16/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/08/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 64 year old female with work a related injury on 01/31/08. Mechanism of injury was not documented. The most recent clinical documentation submitted for review dated 03/12/14. At this visit the injured worker complained of right arm pain increased with certain activities. The injured worker had little kyphosis at C4-5 and 56 and C6-7 and anterior osteophytes. The injured worker had right C6 and C7 radiculopathy. Tried Voltaren and Celebrex to calm the area down. She had kyphosis and radicular aspects. On physical examination showed well developed well nourished female in no acute distress. Alert and oriented times four. Spinal examination showed pain with extension rotation. No focal deficits. 1+ pulses. Good range of motion of hips, knees, and ankles. No focal motor defects deficits. Positive Spurling and shoulder abduction test. Decreased sensation. There was little giveaway weakness in C6 nerve root distribution. But no atrophy or fasciculation. Magnetic resonance image of the cervical spine dated 09/23/10 showed C5-6 broad based posterior disc/osteophyte complex extending into the bilateral neural foramina causing severe bilateral neural foraminal narrowing and mild to moderate central canal stenosis, at C6-7 level broad based posterior disc/osteophyte complex extending into the bilateral neural foramina causing severe bilateral neural foraminal narrowing and mild central canal stenosis, at C4-5 central and left lateral disc osteophyte complex causing severe left and mild to moderate right neural foraminal narrowing with flattening of the left and lateral aspect of the spinal cord, and at C3-4 there was bilateral hypertrophic facet degenerative changes with a 2-3mm broad based disc bulge producing moderate right and left mild to moderate neural foraminal narrowing. Treatments included physical therapy, chiropractic treatment, subdeltoid injections, cervical nerve block at C6, cervical epidural steroid injection, and medication. Prior utilization review on 04/17/14 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg. #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs).

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

Decision rationale: As noted on page 30 of the Chronic Pain Medical Treatment Guidelines, Celebrex is the brandname for celecoxib, and it is produced by Pfizer. Celecoxib is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Celebrex 200mg, #30 is not medically necessary and appropriate.

Voltaren Gel 1% 100 gm. with 3 refills (1 tube dispensed at visit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 71.

Decision rationale: Voltaren Gel is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory drug (NSAID), or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms. There is no clinical evidence submitted for review that the injured worker has failed oral NSAID or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms. Therefore, the request is not medically necessary and appropriate.