

Case Number:	CM14-0072032		
Date Assigned:	09/05/2014	Date of Injury:	05/05/1994
Decision Date:	10/14/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 56-year-old female was reportedly injured on August 5, 1994. The mechanism of injury was stated to be being knocked off a tractor by a forklift. The most recent progress note, dated September 9, 2014, indicated that there were ongoing complaints of low back pain and left leg pain with a peripheral neuropathy. The injured employee was following up her medication refills and was stated to be using Butrans patches without any side effects. The physical examination demonstrated tenderness and limited range of motion of the left knee. There was also decreased range of motion of the lumbar spine. Diagnostic imaging studies of the lumbar spine revealed disc space loss at L4-L5 and degenerative changes of the facet joints at L5-S1. Previous treatment included left leg surgery. A request had been made for Celebrex and Lido Gel and was not certified in the pre-authorization process on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22, 30, 70 of 126..

Decision rationale: The California MTUS Guidelines support the use of Celebrex in select clinical settings of acute and chronic pain in conditions for which NSAIDs are recommended, but there is a significant risk of GI complications. Review of the available medical records reports a history of gastritis but fails to document any risk or signs/symptoms of GI complications. Given the lack of documentation, this request for Celebrex 100 mg is not medically necessary.

Lido Gel: 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), Criteria for use of Lidoderm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 56 of 127..

Decision rationale: The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Based on the clinical documentation provided, the injured employee is not stated to have failed these first-line medications. As such, this request for Lido Gel is not medically necessary.