

Case Number:	CM14-0082127		
Date Assigned:	07/21/2014	Date of Injury:	10/16/1999
Decision Date:	09/18/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/03/2014

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 Interventional Spine 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 patient is a 56 year old female with an injury date of 10/16/99. Per the 04/17/14 progress report by Dr. [REDACTED], the patient present with lower back pain with radiation down both legs, pain in her thoracic back pain and head pain. She rates her current pain severity as 8/10, her best (least) as 8/10 and her worst as 8/10. She is at risk for suicide. Her worst pain is in the lower back, and she has increasing lower back and bilateral leg pain that follows the L5 and S1 dermatomes. The patient's diagnoses include post-laminectomy Lumbar Region Syndrome (date unknown); cervicaglia; sciatica/neuralgia or neuritis of sciatic nerve; post laminectomy cervical region Syndrome (date unknown); myalgia and Myositis Unspecified; Dystymic Disorder; postlaminectomy lumbar region/failed back: and Schizoaffective disorder. Current pain medications are reported as Zanta, Duragesic 25 mcg/hr transdermal patch, Duragesic 12 mcg/hr transdermal patch, Percocet, Celebrex, Capsaicin adhesive patch, and Gabapentin. Current non-pain medications are reported as Effexor, Geodon, Ablify, Provigil, Ambien, Rozerem, and Lipitor medications. The utilization review being challenged is dated 05/07/14. The rationale is that Celebrex and Capsaicin patch are partially certified with 2 refills due to lack of documentation of measurable subjective and or functional benefit. Treatment reports were provided from 05/01/01 to 06/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60,61.

Decision rationale: The patient presents with lower back pain with radiation down her legs, thoracic back pain and head pain. The treater requests for Celebrex (an NSAID) 200 mg #60 with 3 refills. The 05/07/14 utilization review modified this to 2 refills. The reports provided do not indicate when the patient first began taking the medication. The 03/16/11 report by Dr. [REDACTED] states that it is included in current medications. MTUS guidelines for chronic pain pages 60, 61 state that use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. A record of pain and function with the medication should be recorded. In this case, the reports provided no discussion of measurable subjective or functional benefits from the chronic use of Celebrex. As such, this request is not medically necessary.

Capsaicin patch 0.025% #90, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 29.

Decision rationale: The patient presents with lower back pain with radiation down her legs, thoracic back pain and head pain. The treater requests for Capsaicin patch .025 #90 with 3 refills. The 05/17/14 utilization review modified this to 2 refills. It is not known when the patient began taking this medication. The 03/06/13 report by Dr. [REDACTED] includes it on the current medication list. MTUS guidelines page 29 states that Capsaicin, topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines further state, "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." MTUS guidelines for chronic pain pages 60, 61 state that a record of pain and function with the medication should be recorded. In this case, the reports provide no discussion of measurable subjective or functional benefits from the use of Capsaicin. As, this request is not medically necessary.