

Case Number:	CM14-0092046		
Date Assigned:	07/25/2014	Date of Injury:	06/30/1999
Decision Date:	09/26/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/18/2014

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 chronic neck pain reportedly associated with an industrial injury of June 30, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; epidural steroid injection therapy; and earlier cervical laminectomy surgery. In a utilization review report dated May 20, 2014, the claims administrator apparently failed to approve a request for Voltaren gel, Celebrex, Marinol, and Neurontin. The applicant's attorney subsequently appealed. In a progress note dated May 6, 2014, the applicant reported persistent complaints of neck pain, reportedly throbbing, with associated bilateral hand numbness. The applicant had derivative complaints of depression and dysphagia, both of which he attributed to failed cervical spine surgery. The applicant was on Prozac, it was acknowledged. 7/10 pain was noted. The applicant's pain was still severe, despite ongoing usage of multiple medications. The attending provider then posited that the applicant's ability to perform activities of daily living had been ameliorated with Tramadol, but did not elaborate on the extent of the same. The applicant's medications list included Ultram, Soma, Prozac, Nexium, Lunesta, Desyrel, Neurontin, Celebrex, Colace, Voltaren, and Lidoderm. The applicant was asked to continue Ultram, discontinue Lotrisone, begin Soma, continue Celebrex, and continue Voltaren gel. The applicant was asked to continue permanent work restrictions and home exercise. The applicant was asked to consider vocational rehabilitation. The claimant was described as having issues with dyspepsia in review of systems section of the report, reportedly controlled with a combination of Nexium and Zantac. On March 7, 2014, the applicant was apparently given trigger point injections in the clinic setting, which included a combination of steroids and local anesthetics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel Pm qid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Guidelines, Voltaren/Diclofenac has "not been evaluated" for issues involving the spine. In this case, the applicant's primary pain generator is, in fact, the cervical spine, a body part for which Voltaren gel has not been evaluated. The attending provider did not proffer any compelling applicant-specific narrative, which would augment the tepid-to-unfavorable MTUS position on Voltaren gel for chronic neck pain. Therefore, the request is not medically necessary.

celebrex 100mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Guidelines does acknowledge that a COX-2 inhibitor such as Celebrex are indicated in applicants who have history of GI complications, which would prevent provision of a first-line NSAID such as Motrin or Naprosyn, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including various interventional spine procedures, opioid agents such as tramadol, adjuvant medications, etc. All of the above, taken together, suggest a lack of functional improvement. Therefore, the request is not medically necessary.

marlnol 5mg bid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannaboids Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Guidelines, Cannabinoids such as Marinol are "not recommended." Therefore, the request is not medically necessary.