

<b>Case Number:</b>	CM14-0096529		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	12/15/2009
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 33 year old male who was injured on 12/15/2009. He was diagnosed with cervical facet capsular tears, bilateral shoulder impingement syndrome and labrum/rotator cuff tear, lumbosacral injury, neuropathy, and lumbar disc protrusions. He was treated with multiple NSAIDs, opioids, topical analgesics, antidepressants, epidural steroid injection (lumbar), surgery (shoulder), and physical therapy/home exercises. On 6/5/2014, the worker was seen by his primary treating physician complaining of his chronic low back pain/stiffness rated at 8/10 on the pain scale and numbness/tingling/weakness in both legs. He also reported cervical pain with radicular pain into both arms associated with numbness/tingling. He also complained of shoulder pain rated at 8/10 on the pain scale. Physical findings included BMI of 31, normal muscle tone, decreased range of motion of the right shoulder with a positive impingement sign, L4-S1 dermatomes with decreased sensation bilaterally and decreased deep tendon reflexes of both legs, positive pelvic thrust and positive FABER maneuver on right, point tenderness of sacroiliac area on right, and tenderness of the cervical area. He was then recommended sacroiliac injection and to continue his then current medications (Pennsaid solution, Norco, Ibuprofen, Celebrex, Pristiq).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 800mg #30, 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there appeared to be chronic use of NSAIDs for at least many months leading up to this request for continuation of Celebrex (as well as Ibuprofen and Pennsaid). However, there was no documented evidence of the Celebrex improving function or reducing pain significantly. Continuation of Celebrex along with two other NSAIDs poses a high risk for gastrointestinal events or cardiovascular events and is not recommended. Therefore, the Celebrex is not medically necessary.

**Ibuprofen 800mg #90, 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The worker had been using Ibuprofen for many months leading up to this request. There was no evidence found in the notes available for review showing functional benefit with ibuprofen use. The worker is also taking other NSAIDs, which is not advisable to continue chronically due to their associated risks. Therefore, the ibuprofen is not medically necessary to continue.

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract,

drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was not any clear documented evidence of functional or pain-reducing benefit related to the Norco use, which is required to justify continuation. Without this evidence of benefit, the Norco is not medically necessary.

**Pennsaid 1.5 Percent Solution 150ml, 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, he had been using two oral NSAIDs (high doses) along with this topical NSAID (Pennsaid solution). No evidence was found showing how much Pennsaid improved the worker's function or reduced his pain. Also, it is unnecessary to use a topical NSAID along with oral NSAIDs. There was no report that suggested he was using topical NSAIDs due to intolerance to oral NSAIDs as he was using both at the same time. Therefore, the Pennsaid is not medically necessary.