

Case Number:	CM14-0175869		
Date Assigned:	10/28/2014	Date of Injury:	01/08/2003
Decision Date:	05/05/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 62-year-old male, who sustained an industrial injury on January 8, 2003. He reported an immediate onset of back pain after twisting his back. The injured worker was diagnosed as history of L3-L4 disc protrusion and status post lumbar discectomy and fusion posteriorly with instrumentation. Treatment to date has included diagnostic studies, surgery, physical therapy, TENS unit and medications. On September 23, 2014, the injured worker complained of back pain that was mainly located on the right side. His pain ranges from a 4-10 on a 1-10 pain scale. He also reported an occasional radiation of pain down the right posterior thigh. The treatment plan included acupuncture, medications and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 67-68.

Decision rationale: According to the MTUS, all NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. In this case, the patient has been using Celebrex for pain chronically. The documentation does not support that this medication is effective in restoring the patient's functionality. Given the lack of improvement in function and overall risks associated with the use of NSAIDS, continued use of Celebrex is not medically necessary.

Lidocaine 5% patch, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

Decision rationale: Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or and AED (gabapentin or Lyrica). Not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Regarding the use of lidoderm patch, it is not medically necessary given the lack of documentation that the patient has failed trial of a first line treatment. Furthermore, the patient is not being treated for post-herpetic neuralgia, which is the only approved use for topical lidocaine.

Orphenadrine Citrate ER 100mg, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as orphenadrine) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP, they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case, the patient has been using muscle

relaxants chronically and for longer than the recommended amount of time. The use of these medications is not medically necessary for long-term treatment of pain.