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| Case Number: | CM14-0189402 | | |
| Date Assigned: | 11/20/2014 | Date of Injury: | 04/26/2006 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 11/13/2014 |

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 low back pain and myofascial pain syndrome reportedly associated with an industrial injury of April 26, 2006. In a Utilization Review Report dated November 12, 2014, the claims administrator approved a request for omeprazole, denied a request for lidocaine patches, approved oral tramadol, and denied Celebrex. The claims administrator did not incorporate cited MTUS Guidelines into the rationale for any of the drugs in question, however, including the Celebrex denial. The claims administrator state that its decisions were based on a November 4, 2014 progress note. The applicant's attorney subsequently appealed. In a September 12, 2014 progress note, the applicant reported ongoing complaints of low back pain with an ancillary complaint of depression. The applicant completed five or six recent sessions of physical therapy. The applicant was apparently using omeprazole for iatrogenic symptoms of reflux. The applicant stated that lidocaine was helping her low back pain. The applicant stated that her combination of medications was diminishing her pain complaints from 7/10 to 3/10. The applicant was status post an earlier epidural steroid injection. The applicant's medication list included Xanax, Butalbital, Celebrex, Neurontin, lidocaine, Allegra, metformin, Pamelor, Prilosec, tramadol, and Desyrel. The applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant's medications were allowing her to perform household chores such as cooking and toileting. In a November 4, 2014 progress note, the applicant again reported persistent complaints of low back pain. The attending provider stated, in a progress note highly similar to the previous progress note of September 4, 2014, that the applicant's pain medications were attenuating her pain complaints from 7/10 to 3/10 in ameliorating her ability to perform household chores, bathing, dressing, and toileting. The

applicant was again placed off of work, on total temporary disability, while multiple medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% 700 mg/patch #30: Upheld

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

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

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was/is no clear or compelling evidence of first-line oral anticonvulsant or oral antidepressant adjuvant medication failure prior to introduction, selection, and/or ongoing usage of the lidocaine pads at issue. Furthermore, the applicant's ongoing usage of Pamelor and Neurontin, an antidepressant adjuvant medication and an anticonvulsant adjuvant medication, respectively, would seemingly obviate the need for the lidocaine pads at issue. Therefore, the request was not medically necessary.

Celebrex 200 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications; and Functional Restoration Approach to Chronic Pain Management Pa.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are indicated in applicants with a history of GI complications with first-line NSAIDs such as Motrin and/or Naproxen, as appear to be the case here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendation. Here, while the attending provider has suggested, in highly templated fashion, that ongoing usage of Celebrex and other medications has attenuated the applicant's pain scores to some extent, these are, however, outweighed by the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing Celebrex usage as well as the applicant's continuing to remain off of work, on total temporary disability, despite ongoing usage of the same. Ongoing usage of Celebrex, it is further noted, has failed to curtail the applicant's dependence on opioid agents such as Tramadol or adjuvant medications such as

Pamelor, Desyrel, and/or Neurontin. The attending provider's commentary to the effect that the applicant is able to bathe, dress, and toilet herself with her medications does not, in and of itself, constitute evidence of substantive improvement achieved as a result of ongoing Celebrex usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Celebrex. Therefore, the request was not medically necessary.