MAXIMUS Federal Services

Case Number:	CM14-0192635		
Date Assigned:	11/26/2014	Date of Injury:	09/03/2013
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/18/2014

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 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 44 year old male who was injured on 9/3/2013. He was diagnosed with low back pain, hip injury, and chronic pain syndrome. He was treated with physical therapy, acupuncture, back brace, cane, and medications including multiple NSAIDs. On 10/31/14, the worker was seen by his pain specialist reporting right sided low back pain right lower extremity pain, and right hip pain all rated at 7/10 on the pain scale. He also reported numbness in the right leg and interrupted sleep due to his symptoms. He reported alternating Ibuprofen, Celebrex, and Voltaren gel (each day different medication) for pain relief, which collectively produce a 50% pain reduction and increased function (not described) but without any side effects, reportedly. He reported still not being able to return to work, but does perform some home exercises regularly, although the worker felt that he wasn't fully independent with these exercises. Physical examination findings included antalgic gate and otherwise was a very limited documentation of physical findings, although previous examinations revealed positive straight leg raise. His medications were refilled with no changes reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg tab take 1 TID PO #90 Refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) and NSAIDs, specifi.

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, who was alternating three separate NSAID medications, including Ibuprofen, Celebrex, and Voltaren gel for the purpose of reducing the use of Ibuprofen and its associated GI risks, there was no documentation detailing the functional improvements related to Ibuprofen, independently. Also, the worker seems to have neuropathic type pain at least as part of his symptoms, which is not typically helped much by NSAIDs. Also, taking multiple NSAIDs doesn't seem like a reasonable or superior choice over choosing one NSAID. Therefore, due to the reasons above and considering the long-term risks associated with NSAIDs, the request for Ibuprofen is considered not medically necessary.

Celebrex 200mg cap take 1 BID PO #60 Refill:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) and NSAIDs, specifi.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: In the case of this worker, who had been taking Celebrex as well as Ibuprofen and Voltaren gel, there was also no documented evidence of functional benefit, specifically detailed and measurable in order for the reviewer to see the justification for its continuation. Although it seems reasonable to consider this medication over Ibuprofen, it still carries cardiac and gastrointestinal risks, and the use of multiple NSAIDs seems unnecessary. Regardless, however, without more clear evidence of benefit functionally, the request for Celebrex will also be considered not medically necessary.

Voltaren 1 percent 100gm topical gel apply by topical route TID PRN #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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 photocontact 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, who had been using Celebrex, Ibuprofen, and Voltaren gel on alternating days, there was a lack of measurable functional benefit described in the notes available for review to help justify its continuation. Also, it seems unnecessary to use multiple alternating medications for the reduction of risks associated with NSAIDs. Also, this medication is not recommended for use on the spine, which is supposedly the location it is being used. Therefore, considering these reasons above, the request for Voltaren gel is not medically necessary.