

<b>Case Number:</b>	CM14-0195675		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	06/29/2007
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 56 year old female with the injury date of 06/29/07. Per 09/15/14 physician's report, the patient has pain in both of her knees and lower back. The patient is doing home exercise. "There is tenderness over left knee healed incision. SLR is negative. Negative Fabere with tenderness in the paraspinal muscle with flexion 80, extension 10, right and left bending 10." The lists of diagnoses are: 1) Low back pain with degenerative disk disease and facet disease 2) S/P total knee replacement with chronic pain Per 07/07/14 progress report, the patient's chronic symptoms are persistent in the back and knee. Voltaren gel was denied by IMR. Per 05/05/14 progress report, the patient's symptoms have not unchanged. The patient rates her pain at 7-8/10 without medications and 5/10 with medications. The utilization review determination being challenged is dated on 11/05/14. Treatment reports were provided from 11/18/13 to 09/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg quantity 30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Salicylate Topicals Page(s): 67-68, 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; Medications for Chronic Pain Page(s): 22; 60.

**Decision rationale:** The patient presents with pain in her lower back and knees bilaterally. The patient is status post total knee replacement and the date of surgery is not provided. The request is for Celebrex 200mg #30 with 1 refill. The patient has been utilizing Celebrex prior to 11/18/13. MTUS guidelines recommend anti-inflammatories to reduce pain. MTUS guidelines state that COX-2 (Celebrex) may be considered if the patient has a risk of gastrointestinal (GI) complications with caution. There are no reports that specifically discuss the request or the patient's gastric problems either. There is no indication of how Celebrex has been helpful in terms of decreased pain or functional improvement. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. Therefore, this request is not medically necessary.

**Banalag Topical Ointment with 1 refill, to affected area BID:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical Topical Creams Page(s): 105; 111.

**Decision rationale:** The patient presents with pain in her lower back and knees bilaterally. The patient is status post total knee replacement and the date of surgery is not provided. The request is for Banalog Topical Ointment with 1 refill. Banalog contains salicylate and menthol. Regarding topical analgesics, MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate is recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Per MTUS, the specific indications for topical non-steroidal anti-inflammatory drugs (NSAIDs) are peripheral joint arthritis/tendinitis problems. None of the reports contain information of whether or not the patient has tried Banalog topical ointment in the past. The review of the reports does not show any discussion specific to Banalog topical ointment, except "Banalag topical ointment to affected area b.i.d. p.r.n. for pain." The patient tried Voltaren gel in the past, but there is no documentation as to how it helped and where it was used. Given the patient's knee pains with prior surgery a topical cream containing an NSAID is reasonable. Therefore, this request is medically necessary.