

Case Number:	CM14-0197260		
Date Assigned:	12/05/2014	Date of Injury:	08/19/2013
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Physical Medicine & Rehabilitation 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:

This 48 year-old patient sustained an injury on 8/19/13 while employed by [REDACTED]. Request(s) under consideration include Topical Compound Diclofenac/Lidocaine (3%/5%) 180mg (Unspecified refills) and Celebrex 200mg 1 tablet by mouth every day, quantity 30, refills 0 for symptoms related to shoulder and knee areas as an outpatient. Diagnoses include right shoulder rotator cuff tendinitis/strain; multilevel lumbar disc disease; left knee sprain/strain and Degenerative changes without tear; memory loss and headaches; and high blood pressure. Conservative care has included medications, therapy, sleep study, and modified activities/rest. The patient continues to treat for chronic ongoing low back, right shoulder, and left knee/hip pain rated at 1-4/10. The patient is currently working and wearing left knee brace. Report of 10/14/14 from the provider noted unchanged exam findings of limited lumbar range with tenderness; positive SLR and diminished sensation diffusely at L4, L5, and S1 with normal strength and sensation on right; symmetrical 2+ DTRs; right shoulder with tenderness over AC joint and slight decreased 4+/5 strength in flexion and extension; left knee with swelling and decreased flex of 120 degrees and extension 0 degrees with medial joint line tenderness. Treatment included continuing medications. The request(s) for Topical Compound Diclofenac/Lidocaine (3%/5%) 180mg (Unspecified refills) and Celebrex 200mg 1 tablet by mouth every day, quantity 30, refills 0 for symptoms related to shoulder and knee areas as an outpatient were non-certified on 10/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocain (3%/5%) 180mg (Unspecified refills): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, oral Celebrex and topical compounded Diclofenac posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Topical Compound Diclofenac/Lidocaine (3%/5%) 180mg (Unspecified refills) is not medically necessary and appropriate.

Celebrex 200mg 1 tablet by mouth every day, quantity 30, refills 0 for symptoms related to shoulder and knee areas as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of Celebrex's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. At this time, the patient continues to work with functional response to oral NSAID. The Celebrex 200mg 1 tablet by mouth every day, quantity 30, refills 0 for symptoms related to shoulder and knee areas as an outpatient is medically necessary and appropriate.