

<b>Case Number:</b>	CM14-0197878		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	03/18/1999
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Orthopedic Surgery 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 female injured worker was injured on 3/18/1999 while being employed. On provider visit dated 09/11/2014, she continued to have complaints of lower back pain and stiffness with radiation the lower extremities, and hand and wrists numbness and tingling. Back pain was noted to be exacerbated with weight bearing and pain occasionally keeps her up at night. On examination she was noted to have tenderness in the lumbar area with a decreased range of motion. She ambulates with the assistance of a cane. Her diagnoses were status post bilateral trapexial arthroplasty, multilevel spinal stenosis, ankle fracture, bilateral carpal tunnel syndrome, status post left total knee arthroplasty, and left distal femur periprosthetic fracture. Her treatment plan included lightweight LOS (lumbosacral orthosis), continued housekeeping assistance 8 hours per week, Celebrex 200mg, one tab qd #30 with 2 refills and FC5 (Flurbiprofen 10%, Capsaicin 0.05%, Menthol 2.5%, and Camphor 2.5%) apply BID-TID, 120 grams with 2 refills. No evidence of injured workers work status was clearly noted. The Utilization Review with decision date 11/13/2014 certified the request for Lightweight LOS (lumbosacral orthosis) and non-certified the request for the following: Continued housekeeping assistance 8 hours per week, Celebrex 200mg, one tab qd #30 with 2 refills and FC5 (Flurbiprofen 10%, Capsaicin 0.05%, Menthol 2.5%, and Camphor 2.5%) apply BID-TID, 120 grams with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued housekeeping assistance 8 hours per week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identify documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identify documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of a diagnosis of multilevel spinal stenosis with anterolisthesis at L4-5. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for continued housekeeping assistance 8 hours per week is not medically necessary.

**Celebrex 200mg, one tab qd #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identify documentation of high-risk of gastrointestinal (GI) complications with non-steroidal anti-inflammatory drugs (NSAIDs), as criteria necessary to support the medical necessity of Celebrex. MTUS-Definitions identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of multilevel spinal stenosis with anterolisthesis at L4-5. However, there is no documentation of high-risk of GI complications with NSAIDs. In addition, given documentation of ongoing treatment with Celebrex, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Celebrex use to date. Therefore, based on guidelines and a review of the evidence, the request for Celebrex 200mg, one tab qd #30 with 2 refills is not medically necessary.

**FC5 (Flurbiprofen 10%, Capsaicin 0.05%, Menthol 2.5%, and Camphor 2.5%) apply BID-TID, 120 grams with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identify documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of a diagnosis of multilevel spinal stenosis with anterolisthesis at L4-5. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for FC5 (Flurbiprofen 10%, Capsaicin 0.05%, Menthol 2.5%, and Camphor 2.5%) apply BID-TID, 120 grams with 2 refills is not medically necessary.