

<b>Case Number:</b>	CM14-0202149		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	11/02/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 injured worker is a 39 year old female with a date of injury as 11/02/2013. The cause of the injury was not included in the documentation received. The current diagnosis includes joint pain-ankle. Previous treatments include oral medications, 16 sessions of physical therapy, and status post left knee debridement and lateral release on 05/08/2014. Progress notes dated 05/16/2014 through 10/30/2014, and physical therapy progress notes were included in the documentation submitted for review. Report dated 10/30/2014 noted that the injured worker presented with complaints that included increased pain level since last visit and poor sleep quality. Physical examination revealed decreased range of motion in the lumbar spine, spasm and tenderness in the paravertebral muscles, lumbar facet loading is positive, left knee showed tenderness to palpation over the medial joint line, 1+ effusion in the left knee joint, McMurray's test is positive. The physician noted that the medications prescribed were to decrease pain and optimize function and activities of daily living. The Lidoderm patch was prescribed as an alternative for neuropathy due to the injured worker being pregnant and not able to take oral medications. The physician also documented that the Celebrex was to be held while the injured worker was pregnant. The injured worker is on modified work restrictions. The utilization review performed on 11/12/2014 non-certified a prescription for Celebrex and Lidoderm patch based on medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg Capsule, take 1 daily #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-70.

**Decision rationale:** Celebrex is the selective COX-2 non-steroidal anti-inflammatory drug, celecoxib. It has been useful in the treatment of osteoarthritis, ankylosing spondylitis, and rheumatoid arthritis. Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for hypertension and renal function have been reported with COX-2 NSAIDs. Record of pain and function with the medication should be documented. The records indicate that the patient had been taking NSAID medications since at least July 2014 and had not obtained analgesia. Long-term NSAID use increases the risk of side effects with no documented benefit. The request is not medically necessary and appropriate.

**Lidoderm 5 percent Patch percent (700mg/patch), apply for 12 hours/day as needed #30:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Lidoderm® (lidocaine patch)

**Decision rationale:** Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Criteria for use of Lidoderm patches: a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of patches. (f) A trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. (i)

Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. In this case there is no documentation that the patient has failed treatment with antidepressants or antiepileptic medication. In addition documentation does not support the diagnosis of neuropathic pain. The request is not medically necessary and appropriate.