

Case Number:	CM14-0205085		
Date Assigned:	12/17/2014	Date of Injury:	12/06/2005
Decision Date:	02/11/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for bilateral wrist and shoulder pain reportedly associated with an industrial injury of December 6, 2005. In a Utilization Review Report dated November 18, 2014, the claims administrator partially approved a request for Celebrex 200 mg #30 with two refills. Flector patches, conversely, were apparently denied. The claims administrator referenced an RFA form received on November 11, 2014 and a progress note dated November 10, 2014 in its determination. The applicant's attorney subsequently appealed. In said November 10, 2014 progress note, the applicant reported severe shoulder and arm pain, 80% greater than previously. The applicant was working six days a week, 8-10 hours a day, it was stated. The applicant complained that she has been unable to get some of her medications. The applicant had had earlier hand surgery. The applicant was given diagnosis of shoulder impingement syndrome and carpal tunnel syndrome. Celebrex and Flector patches were endorsed. The attending provider contended that Celebrex reduced the applicant's pain without bothering her stomach and also stated that the Flector patches were allowing her to work. It was, thus, implied that the applicant had had issues with dyspepsia in the past. In an earlier note dated August 4, 2014, the applicant was described as having a history of prior gastric ulcer/peptic ulcer disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg QD #30 with 6 refills: Overturned

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 Anti-inflammatory Medications Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex are recommended if an applicant has a history of GI complications. Here, the applicant apparently has issues with dyspepsia, a known peptic ulcer disease. Usage of Celebrex, a COX-2 inhibitor, thus, is preferable to non-selective NSAIDs such as Motrin or naproxen. Therefore, the request was medically necessary.

Flector patch 1.3% Q12H #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Page(s): 112.

Decision rationale: The applicant's primary pain generator here is the right shoulder, the attending provider noted on progress notes of August 4, 2014 and November 10, 2014. Topical Flector is a derivative of topical diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac/Voltaren/Flector has "not been evaluated" for treatment involving the shoulder, the primary pain generator here. The attending provider did not furnish any compelling applicant-specific rationale for selection, introduction, and/or ongoing usage for topical Flector in the face of the tepid-to-unfavorable MTUS position on usage of topical Flector/diclofenac/Voltaren for the shoulder, the primary pain generator here. The applicant's usage of Celebrex, a first-line oral pharmaceutical, furthermore, effectively obviated the need for the Flector patches at issue. Therefore, the request is not medically necessary.