

Case Number:	CM15-0004321		
Date Assigned:	01/15/2015	Date of Injury:	03/22/2006
Decision Date:	03/10/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 47 year old male who sustained an industrial related injury on 3/22/06. The injured worker had complaints of lower back pain. Prescriptions included Celebrex and Salonpas Patches. Diagnoses included backache, knee pain, and pain in joint. The treating physician requested authorization for Celebrex 200mg #30 with 2 refills and Salonpas patch 10-3% #30 with 2 refills. On 1/7/15 the requests were non-certified. Regarding Celebrex, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the submitted documentation does not reflect objective evidence of functional benefits from Celebrex. Regarding Salonpas, the UR physician cited the MTUS guidelines and noted the documentation does not reflect failure of first line medication treatment such as antidepressant and anticonvulsant medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, Qty, 30+2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs, Page(s): 22, 30, 70. Decision based on Non-MTUS Citation Pain, NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: Anti-inflammatory medications are the traditional first line treatment for pain, but COX-2 inhibitors (Celebrex) should be considered if the patient has risk of GI complications, according to MTUS. The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications. Risk factors for GI bleeding according to ODG include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID (e.g., NSAID + low-dose ASA). The treating physicians note dated 6/16/2013 states the Celebrex should be discontinued because it is very effective for musculoskeletal problems but causes gastrointestinal side effects. Additionally, the medical records do not indicate objective functional improvement while taking this medication. The treating physician has not provided documentation as to why this patient should continue Celebrex and failure of first line medications. As such, the request for 1 PRESCRIPTION OF CELEBREX 200MG #60 BETWEEN 6/17/2013 AND 9/6/2013 is not medically necessary.

Salonpas patch 10-3%, Qty, 30+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, Salicylate Topicals Page(s): 111-113; 105. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states regarding topical Salicylate, recommended Topical Salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. ODG only comments on menthol in the context of cryotherapy for acute pain, but does state Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances, cause serious burns, a new alert from the FDA warns. As such, the request for Salonpas patch 10-3%, Qty, 30+2 refills is not medically necessary.