

Case Number:	CM15-0006805		
Date Assigned:	01/26/2015	Date of Injury:	08/24/1993
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/13/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained a work related injury on 8/24/93. The diagnoses have included left shoulder adhesive capsulitis, rotator cuff tear, myofascial pain and left shoulder degenerative changes. Treatments to date have included physical therapy, cortisone injections, MRI left shoulder, and oral medications. The injured worker complains of persistent left shoulder pain. She rates the pain a 5/10. She states that trigger point injections helped significantly with increased range of motion of shoulder and have helped to decrease pain. On 12/30/14, Utilization Review non-certified a prescription request for Lidoderm 5% patch one patch every 12 hours, refills 3, #30. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 12/30/14, Utilization Review non-certified a prescription request for Celebrex 100mg. refills 5, #90. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 Percent Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

Decision rationale: Based on the 11/12/14 progress report provided by treating physician, the patient presents with left shoulder and bilateral hand pain. The request is for LIDODERM 5 PERCENT PATCH #30. Patient's diagnosis per Request for Authorization form dated 12/18/14 included shoulder adhesive capsulitis, shoulder degenerative joint disease and rotator cuff tear. Patient reports medications are working well. Patient's medications include Celebrex, Norco, and Lidoderm patch. Per progress report dated 12/16/14, the patient may return to modified work on 01/31/15. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized perioheral pain after there has been evidence of a trial of first-line therapy --tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica--." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. Lidoderm patch was prescribed in treater reports dated 08/28/14 and 11/12/14. Treater has not provided reason for the request, nor indicated location that would be treated. Though patient presents with bilateral hand pain, there is no diagnosis of "peripheral, localized neuropathic pain" for which topical lidocaine patches are indicated per guidelines. Provide diagnoses pertained to the shoulder, for which Lidoderm patch is not indicated. Furthermore, the patient has been using this patch for over 4 months from UR date of 12/30/14; with no documentation of how it is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Celebrex 100 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 11/12/14 progress report provided by treating physician, the patient presents with left shoulder and bilateral hand pain. The request is for CELEBREX 100MG #60. Patient's diagnosis per Request for Authorization form dated 12/18/14 included shoulder adhesive capsulitis, shoulder degenerative joint disease and rotator cuff tear. Patient's medications include Celebrex, Norco, and Lidoderm patch. Per progress report dated 12/16/14, the patient may return to modified work on 01/31/15. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Celebrex

was prescribed in treater reports dated 08/28/14 and 11/12/14. NSAID's are indicated for first line treatment to reduce pain; however,Celebrex is not indicated for all patients per MTUS. Per progress report dated 11/12/14, patient reports medications are working well. No statements are provided specific to Celebrex. Treater has not discussed GI complications, nor documented that the patient was previously prescribed other oral NSAIDs. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.