

Case Number:	CM15-0146120		
Date Assigned:	08/07/2015	Date of Injury:	04/09/2001
Decision Date:	09/30/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/28/2015

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: Pennsylvania, Ohio, 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 76 year old male, who sustained an industrial injury on 04-09-2001 when he injured his lumbar spine. The injured worker is currently retired. The injured worker is currently diagnosed as having lumbar disc disorder with myelopathy, cervical disc disorder with myelopathy, complete rupture of rotator cuff, and history of cardiac bypass surgery. Treatment and diagnostics to date has included pool therapy and medications. In a progress note dated 07-13-2015, the injured worker reported needing something for his discomfort, getting Charlie horse in his right leg, and stated he was afraid to use his Celebrex due to having a quadruple bypass in May. Objective findings included lumbar spasms, hamstring tightness, decreased Achilles reflexes, and positive straight leg raise test on the right. The treating physician reported requesting authorization for Celebrex and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. This guideline recommends a Cox-2 inhibitor (such as Celebrex) over a traditional NSAID if there is a particular risk of GI complications but not for the majority of patients. This patient is at risk for GI complications given his age over 65. A prior physician review modified this request to 0 refills to reflect ongoing monitoring of the patient's GI and cardiac risk factors. Such monitoring is recommended by MTUS. Thus, the current request with 5 refills is not medically necessary.

Lidoderm 5% patch #30 with 5 refills: Upheld

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

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

Decision rationale: MTUS recommends topical Lidoderm only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.