

<b>Case Number:</b>	CM15-0164502		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	10/23/1995
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 52 year old female, who sustained an industrial injury on 10-23-1995. The mechanism of injury is not described. The current diagnoses are chronic lumbar spondylosis, chronic cervical spondylosis, and right knee internal derangement (non-industrial). According to the progress report dated 6-23-2015, the injured worker complains of constant low back pain with intermittent radiation down her bilateral lower extremities and often times up into the thoracic spine. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness to palpation over the lumbar musculature, restricted and painful range of motion, and negative straight leg raise bilaterally. The current medications are not specified. It is unclear when Celebrex and Lidoderm patches were originally prescribed. Treatment to date has included medication management. Work status is described as permanent and stationary. A request for Celebrex, Lidoderm patches, and 8 physical therapy sessions to the lumbosacral spine has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 (Lumbosacral): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter.

**Decision rationale:** MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for medical management of Lumbar sprains and strains and intervertebral disc disorders without myelopathy. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Documentation indicates that the injured worker's symptoms are chronic. There no report provided regarding prior Physical therapy, regarding detail of the extent of treatment to date, or effect on the injured worker's function. In addition, the guidelines state that medical necessity for any physical therapy beyond the initial course depends on functional improvement. There is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result. Based on the CA MTUS guidelines and submitted medical records, the request for Physical therapy 2x4 (Lumbosacral) is not medically necessary.

**Celebrex 200mg (unspecified quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Celebrex is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor. Unlike other NSAIDs Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral. Use of Cox 2 inhibitors (Celebrex) is recommended as an alternative in patients who could benefit from NSAID use, but are at risk for gastrointestinal events, such as bleeding. In this case, there is no documentation of high-risk gastrointestinal complications with the use of NSAIDs. Documentation fails to demonstrate adequate improvement in level of function or pain, to support the medical necessity for continued use of Celebrex. Being that MTUS guidelines have not been met, the request for Celebrex 200mg (unspecified quantity) is not medically necessary.

**Lidocaine patches (unspecified dosage and quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Physician reports fail to demonstrate supporting evidence of significant improvement in the injured worker's pain to establish the medical necessity for ongoing use of Lidoderm patch. The request for Lidocaine patches (unspecified dosage and quantity) is not medically necessary by lack of meeting MTUS criteria.