

Case Number:	CM15-0181580		
Date Assigned:	09/22/2015	Date of Injury:	04/13/2010
Decision Date:	11/03/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/15/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome, fibromyalgia, chronic low back pain, and chronic neck pain reportedly associated with an industrial injury of April 13, 2010. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve requests for Celebrex and lidocaine while partially approving tramadol. Zanaflex was approved outright. The claims administrator referenced September 3, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On a progress note dated Septembers 2, 2015, the applicant reported ongoing complaints of low back and neck pain with derivative complaints of fibromyalgia, depression, and an alleged visual fluid defect. Celebrex, Lidoderm, tramadol, and Zanaflex were all seemingly renewed. The applicant reported issues with exertional dyspnea, myalgias, arthralgias, and frequent or severe headaches with derivative complaints of depression, sleep disturbance, and anxiety, it was acknowledged. The applicant was described as having ongoing issues with gastritis, it was reported. The applicant was deemed disabled, it was reported in the social history section of the note. On June 3, 2015, the applicant reported ongoing multifocal pain complaints. The applicant was on Celebrex, Cymbalta, Lidoderm patches, Prilosec, oxybutynin, Protonix, Topamax, tramadol, and Zanaflex, it was reported. The attending provider stated that Protonix was working better for his reflux than previously prescribed Prilosec. Multiple medications were again renewed, including Celebrex, Lidoderm patches, tramadol and Zanaflex. The applicant was deemed "disabled," it was reported in the social history section of the note. On April 7, 2015, the attending provider acknowledged that the applicant was not

working with permanent limitation in place and was, moreover, receiving Social Security Disability Insurance (SSDI) benefits at age 37.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for Celebrex, a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are recommended in applicants who are at heightened risk for development of GI complications, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work and was receiving Workers Compensation indemnity benefits in addition to Social Security Disability Insurance (SSDI) benefits, was reported on April 7, 2015. Ongoing usage of Celebrex failed to curtail the applicant's dependence on opioid agent such as tramadol, it was acknowledged on the September 2, 2015 office visit at issue. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Celebrex. Therefore, the request was not medically necessary.

Lidocaine 5% Patch #90: 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: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the September 2, 2015 office visit at issue suggested that the applicant was in fact concurrently using topiramate (Topamax), an anticonvulsant adjuvant medication, and Cymbalta, an antidepressant

adjuvant medication, effectively obviating the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.

Tramadol 50mg #360: 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): Opioids, criteria for use.

Decision rationale: Finally, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was reported on multiple office visits, referenced above. The applicant was deemed disabled, it was suggested on multiple office visits, referenced above, including those dated September 2, 2015 and June 3, 2015. The applicant was receiving Social Security Disability Insurance (SSDI) benefits in addition to Workers Compensation indemnity benefits, the treating provider reported on April 7, 2015. The attending provider's September 2, 2015 office visit failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.