

Case Number:	CM15-0184241		
Date Assigned:	09/24/2015	Date of Injury:	10/15/2010
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 63 year old female who reported an industrial injury on 10-15-2010. Her diagnoses, and or impressions, were noted to include: chronic cervical strain; cervical radiculopathy; trigger point tenderness of the cervical spine; chronic shoulder pain, strain and massive rotator cuff tear with retraction of biceps tendon; supraspinatus tendinitis and sub-acromial bursitis; and diminished sensation to thoracic 5 reflexes. Recent electrodiagnostic studies of the upper extremities were done on 3-11-2015, noting abnormal findings; no current imaging studies were noted. Her treatments were noted to include: magnetic resonance imaging studies of the right shoulder (5-14-14); cervical-thoracic spine, and left gluteal injection therapies; physical therapy evaluation on 2-17-2015; a home exercise program; medication management; and modified work duties. The progress notes of 6-3-2015 reported a follow-up visit for: continued and worsening sharp, stabbing and burning pain, rated 9-10 out of 10, that radiated, that was aggravated by repetitive use and alleviated by medications; limitations with gripping, lifting, pushing, pulling, driving, and of raising the hand over the head; and limited activities of daily living. The objective findings were noted to include: tenderness in the cervical para-spinals with limited cervical range-of-motion due to pain; positive Spurling's test and diminished sensation in the bilateral thoracic 5; positive Hawkins and Neer's tests; limited shoulder range-of-motion due to pain; and 6 trigger points noted in the cervical spine. The physician's request for treatments was noted to include: a refill of her medications. The Request for Authorization for Lidoderm Patch on-off every 12 hours, #1 box, and Celebrex 100 mg every 12 hours as needed, #60 was not noted in the medical records provided. The Utilization Review of 8-20-2015 non-certified the requests for Lidoderm Patch on-off every 12 hours, #1 box, and Celebrex 100 mg every 12 hours as needed, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch Q12 On/Off #1 Box: Overturned

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: The MTUS Chronic Pain Medical Treatment Guidelines p112 states Lidocaine Indication: Neuropathic pain Recommended for localized peripheral 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per the medical records submitted for review, it is noted that the injured worker has sharp, stabbing, burning shoulder pain which radiates to the rib cage. There was documentation of gabapentin use. I respectfully disagree with the UR physician's assertion that there was no indication of neuropathic pain to warrant use. The request is medically necessary.

Celebrex 100mg Po q12hs Prn #60: 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: Per MTUS CPMTG p70, Celebrex is used for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. It works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. The documentation submitted for review contains no evidence that the injured worker was refractory to treatment with ibuprofen or naproxen. The MTUS supports the use of Cox-2 inhibitors for individuals with an increased risk or history of GI complications. The documentation did not note any history of GI complications, or risk factors for GI complications. With regard to medication history, the injured worker has been using this medication since at least 1/2015. There was no documentation of failure of first line NSAIDs such as ibuprofen or naproxen. While it is noted that NSAIDs are clinically indicated for this claimant, the requested Celebrex is not supported by the guidelines. This request is not medically necessary.