

<b>Case Number:</b>	CM15-0191771		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	08/11/1999
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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, 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:

The injured worker is a 52 year old female with an industrial injury dated 08-11-1999. A review of the medical records indicates that the injured worker is undergoing treatment for myofascial pain flare. According to the progress note dated 08-11-2015, the injured worker presented with primary complaint of headaches and neck pain. Medications include Celexa, Levothyroxine, Clonazepam, Lidoderm patches, Voltaren gel and Suboxone. Pain level was 6 out of 10 for worst 2 out of 10 for least an average 5 out of 10 on a visual analog scale (VAS). The injured worker reported that sitting or standing more than 30 minutes increases pain. The injured worker reported numbness and tingling at right upper extremity from shoulder to hand, intermittently at night. Objective findings ( 05-28-2015 to 08-11-2015) revealed trigger points to lower cervical paraspinals left greater than right and medial proximal aspect of scapular border B. Treatment has included diagnostic studies, prescribed medications, trigger point injections and periodic follow up visits. The treatment plan included medication management and trigger point injection. Medical records indicate that the injured worker has been on Lidoderm and Suboxone since at least 2011 and Celexa and Voltaren Gel since at least 2012. The treating physician prescribed Celexa 40mg, daily Suboxone 2mg 3-4 per day, Lidoderm patches PRN and Voltaren Gel, use regularly. The utilization review dated 09-24-2015, non-certified the request for Celexa 40mg, daily Suboxone 2mg 3-4 per day, Lidoderm patches PRN and Voltaren Gel, use regularly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celexa 40mg, daily:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Page 22 of the CPMTG 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." Within the documentation available for review, there is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events. There is no documentation of failure of non-selective NSAIDs. Given this, the currently requested Celebrex is not medically necessary.

**Suboxone 2mg 3-4 per day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for Suboxone, Chronic Pain Medical Treatment Guidelines state that buprenorphine is indicated for the treatment of addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Within the documentation available for review, it is not clear that buprenorphine is being utilized to treat chronic pain or for opioid dependence. There is no documentation of functional efficacy in terms of ADLs, pain reduction, and urine drug testing. As such, the current request is not medically necessary.

**Lidoderm patches PRN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. Finally, there is no documentation of localized peripheral neuropathic pain as recommended by guidelines. As such, the currently requested Lidoderm is not medically necessary.

**Voltaren Gel, use regularly:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Voltaren is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.