

Case Number:	CM15-0192618		
Date Assigned:	10/06/2015	Date of Injury:	10/14/2011
Decision Date:	12/14/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

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 59 year old female who sustained an industrial injury on 10/14/2011. Medical records indicated the worker was treated for lumbar disc disease and right more than left sciatica, cervical spondylosis, cervical radiculopathy, cervical degenerative disc disease, cervical myalgia-myositis, cervical headache-cephalgia, cervical cervicgia. In the provider notes of 09- 16-2015 the injured worker is seen in a recheck for her low back pain and right sciatica. The worker has completed four physical therapy sessions which have been reported to "tremendously "improve her neck pain. The treatments started to cause vertigo, but that has improved over time. She rates her improvement as 40%. Her therapist is recommending a home cervical traction unit. Low back pain limits her ability to do exercises at home. She has been off all medication except ibuprofen over the counter daily. She takes 800 mg at a time sometimes two or three times a day. New medication orders include a Medrol dose pack, Prozac, estradiol, Voltaren gel, Lidoderm 5% patch, Prednisone, Celebrex, and Tramadol. Examination of the neck reveals tenderness over the paraspinous muscles, flexion 45 degrees, extension 15 degrees, pain with range of motion, and negative Spurling's sign. Examination of the back reveals tenderness and spasm over the paraspinous muscles and pain with all range of motion. Reflexes are 1+ at the patella and trace at the Achilles. The treatment plan includes referral to physical therapy due to flare up of low back pain and sciatica, a cervical traction home unit, continued home exercise program for the neck and back, and medications. A request for authorization was submitted for:
1. Celebrex 200mg #45 with 3 refills
2. Tramadol 50mg #40 with 3 refills
3. Voltaren gel 1% #3 tubes with 2 refills
4. Lidoderm patch #30 with 2 refills
5. Home cervical traction unit
6.

traction unit 6. Physical therapy 1 time per week for 4 weeks, quantity: 4 sessions A utilization review decision 09/22/2015 authorized the Physical therapy 1 time per week for 4 weeks, quantity: 4 sessions, and non-certified the requests for Celebrex, Tramadol, Voltaren gel, Lidoderm patch, and a home cervical traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #45 with 3 refills: 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: 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. Documentation fails to show that the injured worker has history of gastrointestinal illness that would pose an increased risk of gastrointestinal events, such as bleeding. There is also lack of evidence of significant objective improvement in pain with prior use of this medication to justify its use. Being that MTUS guidelines have not been met, the request for Celebrex 200mg #45 with 3 refills is not medically necessary.

Tramadol 50mg #40 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Physician report at the time of the request under review indicates the injured worker has flare up of chronic low back pain. Documentation fails to demonstrate significant objective improvement in pain or function with prior use of Tramadol. The medical necessity for the use of this medication has not been

established. With MTUS guidelines not being met, the request for Tramadol 50mg #40 with 3 refills is not medically necessary.

Voltaren gel 1% #3 tubes with 2 refills: Upheld

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

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

Decision rationale: Voltaren Gel 1% (diclofenac) is a topical nonsteroidal anti-inflammatory drug (NSAID) indicated for short-term treatment (4-12 weeks) of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Per MTUS, topical NSAIDS are not recommended for neuropathic pain. The injured worker complains of chronic neck, low back and right sciatica pain. Documentation shows no significant objective improvement in pain with prior use of Voltaren gel, which is also not recommended for the treatment of these conditions. With MTUS guidelines not being met, the request for Voltaren gel 1% #3 tubes with 2 refills is not necessary by MTUS.

Lidoderm patch #30 with 2 refills: Upheld

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

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. Documentation fails to show evidence of a trial of other first line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Furthermore, physician reports fail to demonstrate supporting evidence of significant objective improvement in the injured worker's pain with prior use of Lidoderm patches. The request for Lidoderm patch #30 with 2 refills is not medically necessary by lack of meeting MTUS criteria.

Home cervical traction unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment.

Decision rationale: Per MTUS, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness for the use of passive physical modalities such as traction for the treatment of neck pain. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. Documentation indicates that the injured worker reports some improvement of chronic neck pain with physical therapy. There is no report of a functional restoration program to support the recommendation for a cervical traction unit. Furthermore, MTUS states that these palliative tools may be used only on a trial basis and should be monitored closely. The medical necessity for a home cervical traction unit has not been established. The request for Home cervical traction unit is not medically necessary by MTUS.