

<b>Case Number:</b>	CM15-0199260		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	05/05/1999
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 05-05-99. A review of the medical records reveals the injured worker is undergoing treatment for pain in the shoulder joint, cervicalgia, and lumbago. Medical records (08-26-15) reveal the injured worker complains of low back, bilateral shoulder, and left knee pain, which are unrated. She reports "progressive pain and dysfunction" in the left shoulder as well as neck pain, numbness and tingling throughout the left upper extremity since her last visit. The physical exam (08-26-15) reveals sensation to light touch is intact except for diminished pinprick sensation in the C6-C8 dermatome on the left. Cervical spine range of motion is diminished. Joint tenderness is noted in the glenohumeral joint of the left upper extremity and tendon tenderness is noted within the supraspinatus tendon of the left upper extremity. Range of motion the left shoulder is diminished. Prior treatment includes 2 right shoulder surgeries, 1 left shoulder surgery, 1 left knee surgery, physical therapy, injections, and medications. The original utilization review (09-09-15) non certified the request for Celebrex 200mg #30 with 3 refills and an unknown quantity of Flector patches. The documentation supports that he injured worker has been on Celebrex since at least 07-15-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Celebrex 200 MG #30 with 3 Refills: Upheld**

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

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

**Decision rationale:** According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. Pain scores were not noted. Future need and response to medication cannot be determined. As a result, the request for Celebrex is not medically necessary.

### **Unknown Prescription of Flector Patches: 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:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector along with Celebres (an oral NAIDS). There is limited evidence to support long-term use of Flector. Particular location for application of Flector and directions for use was also not specified. The Flector patch is not medically necessary.