

Case Number:	CM15-0200177		
Date Assigned:	10/15/2015	Date of Injury:	08/04/2010
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/12/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 42 year old male who sustained an industrial injury on 8-4-10. A review of the medical records indicates he is undergoing treatment for cervical radiculopathy, post cervical laminectomy syndrome, lumbar facet syndrome, low back pain, shoulder pain, and elbow pain. The medical records (9-4-15) indicate complaints of lower backache and right shoulder pain. He rates his pain "5 out of 10" with medications and "10 out of 10" without medications. The treating provider indicates that the pain has decreased since the prior visit. He reports the quality of his sleep is "fair". The treating provider indicates "no new problems or side effects". The physical exam (7-10-15) reveals restricted range of motion of the lumbar spine with spasm and tenderness on palpation of the paravertebral muscles. Lumbar facet loading is positive on both sides, as is the straight leg raise test. The right shoulder is noted to have restricted movements with pain. Hawkins and Neer tests are positive. Tenderness is noted on palpation in the biceps groove and subdeltoid bursa. The left shoulder movement is restricted with pain. Hawkins and Neer tests are positive. Tenderness is noted in the acromioclavicular joint and biceps groove. No limitation is noted in bilateral elbows. Tenderness is noted on palpation over the lateral epicondyle. Diagnostic studies have included x-rays of the cervical spine, and MRIs of the cervical spine and right shoulder. Treatment has included steroid injections of both shoulders, physical therapy for the cervical spine and right shoulder, acupuncture for the right shoulder, TENS unit, a home exercise program, lumbar medial branch blocks at L3-S1, cervical transforaminal epidural steroid injections at C4-5, lumbar transforaminal epidural steroid injections at L4-5 x 2, and use of oral and topical medications. His medications include Celebrex,

Lyrica, Norco, and Pennsaid 2% solution. He has been receiving Celebrex and Pennsaid since, at least, 3-6-15. The utilization review (9-15-15) includes requests for authorization of Celebrex 200mg #120 and Pennsaid 2% solution #2. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #120: 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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Celebrex 200mg #120, 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. 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 with no cardiovascular disease. In the absence of such documentation, the currently requested Celebrex 200mg #120 is not medically necessary.

Pennsaid 2% solution #2: 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): NSAIDs, specific drug list & adverse effects, Salicylate topicals, NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pennsaid.

Decision rationale: Regarding the request for Pennsaid 2% solution #2, Occupational Medicine Practice Guidelines do not address Pennsaid specifically, but do contain criteria for topical NSAIDs. ODG states Pennsaid is not recommended as a first-line treatment. 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's 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 Pennsaid.

Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred. Finally, Pennsaid is FDA approved for osteoarthritis of the knee which there is no indication the patient has or is taking the medicine for such condition. In the absence of such documentation, the currently requested Pennsaid 2% solution #2 is not medically necessary.

