

Case Number:	CM15-0209503		
Date Assigned:	10/28/2015	Date of Injury:	07/23/2002
Decision Date:	12/09/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/23/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 73 year old female who reported an industrial injury on 7-23-2002. The medical records noted that the accepted body parts for this claim include her knees, ankles and shoulders, and that her wrists & hands had been objected. Her diagnoses, and or impressions, were noted to include: ankle sprain-strain; left ankle peroneal bursitis, tendinitis and pain; tibialis tendinitis; chronic right knee pain; right shoulder rotator cuff tendinitis, AC joint arthritis, and subacromial bursitis; right bicipital tendinitis; shoulder osteoarthritis; and right De Quervain's tenosynovitis. Magnetic resonance imaging studies of the right shoulder was done on 6-20-2012; the cervical spine was done on 9-1-2015, the left ankle was done on 8-19-2015; and x-rays of the right Os Calcis (heel) was taken on 11-21-2013, and left on 4-2-2014 & 2-17-2015. Her treatments were noted to include: an orthopedic agreed comprehensive medical-legal evaluation on 12-13-2005; right ankle surgery, with pathology; an Achilles tendon repair; left ankle surgery x 3; left calcaneal bone spur removal (6-11-14); shoulder arthroscopic shoulder surgery (2010); orthotics; physical therapy; medication management; and rest from work as she was noted to be retired. The progress notes of 9-22-2015 reported: review of the left ankle MRI from 8-19-2015 noting a chronic tear; that her Podiatrist recommended a brace and Voltaren Gel for the left ankle; that she continued to struggle with pain and weakness in her ankles, left > right, and with getting up-sown stairs, stepping off curbs, and with not feeling stable due to ankle weakness; pain of 7 out of 10 without medications, and 6 out of 10 with; and of soreness in her shoulders with limited movements. The objective findings were noted to include: an increase in swelling of

the left ankle post-surgical site, with scar hypersensitivity; enlarged and painful Achilles tendons; an antalgic gait; moderate tenderness along the left talofibular ligament; painful eversion; mild tenderness over the right Achilles tendon, with decreased reflexes; slightly limited right shoulder range-of-motion with moderate tenderness at the AC joints; and decreased rotator cuff muscle strength. The physician's requests for treatment were noted to include that she was instructed to not use Voltaren Gel when she takes Celebrex; and was given prescriptions for Celebrex 200 mg daily, #30 with 3 refills, and Voltaren 1% gel, 2 grams to affected areas 3 x a day, 1 tube with 3 refills. The Request for Authorization, dated 9-23-2015, was noted to include Celebrex 200 mg, #30 with 3 refills, and Voltaren 1% gel, 1 tube with 3 refills. The Utilization Review of 10-5-2015 non-certified the request for Celebrex 200 mg, #120, and Voltaren Gel 1%, #4; and modified the request for Celebrex 200 mg, #120, to #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg Qty: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 70 NSAIDs specific drug list, states that Celecoxib (Celebrex) is for use with patients with signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. 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. In this case, the exam notes from 9/22/15 do not demonstrate any evidence of osteoarthritis, rheumatoid arthritis or ankylosing spondylitis. There is not documentation of previous history of gastrointestinal complication. Therefore, the request is not medically necessary and the determination is for non-certification.

Voltaren Gel 1% Qty: 4.00: 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: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 111-112, topical analgesics NSAIDs, states that Voltaren Gel is, "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity)." In this case, there is insufficient evidence of osteoarthritis in the records from 9/22/15 to warrant Voltaren Gel. Therefore, the request is not medically necessary and the determination is for non-certification.