

<b>Case Number:</b>	CM15-0024107		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	07/15/1991
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old female, who sustained an industrial injury on 7/15/91. She reported neck pain, low back pain and pain in arms and legs with numbness and tingling in the lower legs. The injured worker was diagnosed as having lumbar spondylosis without myelopathy, axial low back pain and L4-5 and L5-S1 facet pain. Treatment to date has included physical therapy, lumbar epidural injections and oral pain medications. (MRI) magnetic resonance imaging of lumbar spine was performed on 11/20/14. Currently, the injured worker complains of low back pain and bilateral limb numbness and tingling; she feels her right leg is not as strong as the left one. It is noted on progress note dated 12/15/14 previous lumbar steroid injections decreased some of her pain. Physical exam noted decreased sensation to light touch in 1st and 2nd toes on right and 1st toe on left. The current treatment plan consisted of trigger point injections to the low back area and Celebrex and Flector patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 100 mg #60 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient was injured on 07/15/1991 and presents with pain in his neck, lower back, arms, legs, and has numbness/tingling in the lower legs. The request is for CELEBREX 100 mg #60 with 4 refills. The RFA is dated 12/30/2014, and the patient continues to work on a full-time basis, 40 hours per week as a daycare teacher. The patient has been taking Celebrex as early as 11/24/2014. MTUS guidelines page 22 on anti-inflammatory medications state that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, the long-term use may not be warranted. In addition, MTUS pages 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. MTUS guidelines page 22 continues to state for Celebrex the following, "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. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-1 difference in cost." The treater is requesting Celebrex to help with analgesia, decrease side effect profile, and to allow the patient to do her work. MTUS pages 60-61 states that pain assessment and functional changes must be noted when medications are used for chronic pain. Review of the reports provided does not provide any documentation of change in pain and function the patient may have had. Furthermore, the patient does not present with gastritis. The 12/15/2014 report indicates that the patient is taking Celebrex and Flector patches. There is no indication of any gastritis the patient may have. Therefore, the requested Celebrex is not medically necessary.

**Flector patch #30 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111-113.

**Decision rationale:** The patient was injured on 07/15/1991 and presents with pain in his neck, lower back, arms, legs, and has numbness/tingling in the lower legs. The request is for FLECTOR PATCH #30 with 4 refills to help with analgesia, decreased side effect profile, and to allow the patient to do her work. The RFA is dated 12/30/2014, and the patient continues to work on a full-time basis, 40 hours per week as a daycare teacher. The patient has been using Flector patches as early as 11/24/2014. Regarding topical NSAIDs, MTUS on topical analgesics pages 111-113, states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Review of the reports does not provide any discussion on how Flector patch has impacted the patient's pain and function. The patient has low back pain, pain in the arms and legs, and numbness and tingling in the lower legs. The patient is diagnosed with lumbar spondylosis without myelopathy, axial low back pain, and L4-L5, L5-S1 facet pain. There is no

indication of where these patches will be applied. This medication is indicated for osteoarthritis/tendinitis, which does not appear to be in this patient. Due to lack of support from MTUS guidelines, the requested Flector patch is not medically necessary.