

Case Number:	CM15-0027614		
Date Assigned:	03/27/2015	Date of Injury:	02/27/2013
Decision Date:	11/09/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/13/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of February 27, 2013. In a Utilization Review report dated January 28, 2015, the claims administrator failed to approve requests for Voltaren gel and oral Celebrex. The claims administrator referenced a December 30, 2014 date of service in its determination. The applicant's attorney subsequent appealed. On September 5, 2014, the applicant reported ongoing complaints of back and leg pain. The applicant remained off of work, it was acknowledged, despite receipt of multiple analgesic medications to include Norco, Neurontin, and Flexeril. The applicant had been off of work since January 2014, it was acknowledged. The applicant received trigger point injection therapy, epidural steroid injection therapy, and physical therapy, it was acknowledged. The applicant had transferred care to and from various providers in various specialties. The applicant had apparently used NSAIDs in the past, had developed GI upset with the same, and had therefore discontinued the same. On December 30, 2014, the applicant reported ongoing complaints of low back pain radiating to lower extremities, left greater than right. The applicant had gained 20 pounds since the date of injury, it was acknowledged. The applicant had not returned to work in any capacity, it was acknowledged, since January 2014. The applicant was, once again, placed off of work, on total temporary disability. Voltaren gel was endorsed. Celebrex was endorsed while Neurontin was continued. The applicant also had to employ other topical agents. The applicant was, once again, kept off of work. The applicant's past medical history was described as good. The applicant denied any history of allergies with associated medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% (tube) QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: No, the request for Voltaren gel, a topical NSAID, was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator was the low back or lumbar spine. The attending provider indicated on December 30, 2014 that he intended for the applicant to apply the topical Voltaren gel in question to the low back. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines states that topical Voltaren has "not been evaluated" for treatment of the spine, i.e., the body part in question here. The attending provider failed to furnish a clear or compelling rationale for provision of this particular agent in the face of the unfavorable MTUS position on the same for the body part at issue. Therefore, the request is not medically necessary.

Celebrex 200mg QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Conversely, the request for Celebrex, a COX-2 inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex are recommended in applicants who are at heightened risk for development of GI complications. Here, historical progress note of September 5, 2014 did state that the applicant had developed dyspepsia with a previously provided non-selective NSAID. Introduction of Celebrex was, thus, indicated on or around the date in question. Therefore, the first-time request for Celebrex is medically necessary.