

Case Number:	CM15-0216932		
Date Assigned:	11/06/2015	Date of Injury:	05/05/2011
Decision Date:	12/18/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old female who sustained an industrial injury May 5, 2011. History included hypertension. Diagnoses are osteoarthritis of hip; obesity; lumbar facet joint pain; disorder of patellofemoral joint; displacement of lumbar intervertebral disc without myelopathy; degeneration of cervical intervertebral disc; shoulder pain. According to a physician's notes dated September 29, 2015, the injured worker presented for follow-up with complaints of pain in multiple body parts including bilateral hands, neck, low back, bilateral hips and knees. She reported being more active and performing aerobic exercises. She uses over the counter Advil and Tylenol in addition to Lidoderm and Voltaren gel. The medications do not eliminate pain but provide 40-50% relief. Other medication included Celebrex, Cyclobenzaprine, Meloxicam, Norco, Omeprazole, and Tramadol. The physician noted that prednisone is tapered to a finished course and Celebrex (pruritis) were discontinued. Objective findings included; gait antalgic favoring the left, ambulates with a straight cane; bilateral upper extremities- range of motion left shoulder flexion limited to 120 degrees, extension 30 degrees, abduction 90 degrees; Hawkins Kennedy test positive on the left side; elbow Tinel's negative and range of motion normal. Treatment plan included continued bracing knee and bilateral hands and continued home exercise program daily. At issue, is the request for authorization for Celebrex, Lidoderm, and Voltaren. According to utilization review dated October 8, 2015, the requests for Celebrex 200mg Quantity: 90, Voltaren 1% 100gm (tubes) Quantity: 3 and Lidoderm 5% Patch Quantity: 90 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg qty 90.00: 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): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in May 2011 when, while working as an Office Clerk, she was stepping onto a sidewalk and fell forward landing on her hands and knees. She continues to be treated for pain involving multiple body parts including her neck, low back, and bilateral hips, knees, and hands. Treatments have included physical and occupational therapy, chiropractic care, acupuncture, injections, and medications. When seen in September 2015 she was using over-the-counter Advil and Tylenol in addition to Lidoderm and Voltaren gel. Medications were providing 40-50% relief. Discontinued medications listed include Celebrex, which had caused pruritus. Physical examination findings were an antalgic gait with use of a cane. There was decreased left upper extremity range of motion. She was overweight. Medications were continued. Celebrex, Lidoderm, Flexeril, and Voltaren gel were prescribed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal antiinflammatory medication therapy and she is taking Advil without reported adverse side effect. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib) over a non-selective medication. Additionally, taking two NSAID medications is duplicative and Celebrex is reported as causing pruritus. For any of these reasons, the request is not considered medically necessary.

Voltaren 1% 100gm (tubes) qty 3.00: 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 based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work injury in May 2011 when, while working as an Office Clerk, she was stepping onto a sidewalk and fell forward landing on her hands and knees. She continues to be treated for pain involving multiple body parts including her neck, low back, and bilateral hips, knees, and hands. Treatments have included physical and occupational therapy, chiropractic care, acupuncture, injections, and medications. When seen in September

2015 she was using over-the-counter Advil and Tylenol in addition to Lidoderm and Voltaren gel. Medications were providing 40-50% relief. Discontinued medications listed include Celebrex, which had caused pruritus. Physical examination findings were an antalgic gait with use of a cane. There was decreased left upper extremity range of motion. She was overweight. Medications were continued. Celebrex, Lidoderm, Flexeril, and Voltaren gel were prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Celebrex is also being prescribed and the claimant is taking over the counter Advil. Prescribing a third non-steroidal anti-inflammatory medication is duplicative and is not considered medically necessary.

Lidoderm 5% patch qty 90.00: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in May 2011 when, while working as an Office Clerk, she was stepping onto a sidewalk and fell forward landing on her hands and knees. She continues to be treated for pain involving multiple body parts including her neck, low back, and bilateral hips, knees, and hands. Treatments have included physical and occupational therapy, chiropractic care, acupuncture, injections, and medications. When seen in September 2015 she was using over-the-counter Advil and Tylenol in addition to Lidoderm and Voltaren gel. Medications were providing 40-50% relief. Discontinued medications listed include Celebrex, which had caused pruritus. Physical examination findings were an antalgic gait with use of a cane. There was decreased left upper extremity range of motion. She was overweight. Medications were continued. Celebrex, Lidoderm, Flexeril, and Voltaren gel were prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, other topical treatments could be considered. Lidoderm is not considered medically necessary.