MAXIMUS Federal Services

Case Number:	CM15-0218428		
Date Assigned:	11/10/2015	Date of Injury:	03/17/2015
Decision Date:	12/30/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/05/2015

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 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 17, 2015. In a Utilization Review report dated October 8, 2015, the claims administrator failed to approve requests for Celebrex and Lidoderm patches. The claims administrator referenced a September 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 23, 2015 office visit, the applicant reported ongoing issues with low back pain radiating to bilateral lower extremities. The applicant was pending receipt of chiropractic manipulative therapy, it was reported. The applicant was on Tylenol No. 3, Celebrex, and Lidoderm patches, the treating provider reported. Celebrex and Lidoderm patches were seemingly renewed. The applicant was given a 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. On a field case management note dated September 25, 2015, it was suggested that the applicant was not working. On October 21, 2015, the treating provider stated that the applicant had ultimately returned to modified duty work. The treating provider stated on this occasion that Motrin had worked better than previously prescribed Celebrex. Celebrex was discontinued in favor of Motrin. Tylenol No. 3, Lidoderm patches, and Sombra cream were all seemingly endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: unknown Celebrex 200mg once a day #30: 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): Anti-inflammatory medications.

Decision rationale: No, the request for Celebrex, a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that COX-2 inhibitors such as Celebrex can be employed in applicants who are at heightened risk for development of GI complications, here, however, there was no mention of the applicant's being at heightened risk for development of GI complications on or around the date in question, September 23, 2015. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on said September 23, 2015 office visit. A subsequent note of October 21, 2015 was notable for commentary to the effect that Celebrex was subsequently discontinued in favor of Motrin, a non-selective NSAID. Therefore, the request was not medically necessary.

Lidoderm patch twice a day #60, 3 refills: 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: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the September 23, 2015 office visit at issue made no mention of the applicant's having failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to the introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request was not medically necessary.