

Case Number:	CM15-0221901		
Date Assigned:	11/17/2015	Date of Injury:	12/06/2012
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/11/2015

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: Emergency 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:

This injured worker is a 60 year old female, who sustained an industrial injury on 12-16-2012. The injured worker was diagnosed as having status post left knee medial meniscectomy; synovectomy medial and patellofemoral compartment, chronic pain syndrome and derangement of medial meniscus. On medical records dated 10-02-2015, the subjective complaints were noted as left knee pain. Objective findings were noted as muscle aches and weakness and arthralgias- joint pain, back pain and swelling in the extremities. Treatment to date included medication and home exercise program. Current medications were listed as Celebrex, (prescribed 04-2015) Clonazepam, Imitrex, Levothyroxine, Lidoderm patch (prescribed 01-2015) and Voltaren 1% topical gel. The Utilization Review (UR) was dated 10-13-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Lidoderm patches (unspecified dosage and quantity) and Celebrex (unspecified dosage and quantity) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex (unspecified dosage and quantity): 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: As per MTUS Chronic pain guidelines, NSAIDs may be beneficial for osteoarthritis pain and potentially muscular skeletal pains but guidelines recommend short course due to risk of increased cardiovascular and GI problems with chronic use. Celebrex is a Cox2 inhibitor, a type of NSAID that has claimed decreased GI problems with use. Guidelines only recommend Cox2 inhibitors with patients on NSAIDs with dyspepsia or increased risk of bleeding. Not a single criteria is met. Patient has chronically been on NSAIDs and there are no GI issues or risk of bleeding. This is an incomplete request with no dose, total tablets or refills provided in request. This invalid request does not meet any criteria for approval. Therefore, the request is not medically necessary.

Lidoderm patches (unspecified dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: As per MTUS chronic pain guidelines, Lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain conditions such as such as spinal pain. Patient does not have a single diagnosis that meets criteria for use. There is no documentation of 1st line medication failure. This is an incomplete request with no dose, total tablets or refills provided in request. This invalid request does not meet any criteria for approval. Therefore, the request is not medically necessary.