

Case Number:	CM15-0030355		
Date Assigned:	02/24/2015	Date of Injury:	08/16/2013
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/18/2015

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, Massachusetts

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 injured worker is a 64 year old female, who sustained an industrial injury on August 16, 2013. Her diagnoses include cervical spondylosis, tenosynovitis hand/wrist, and joint pain-shoulder. She has been treated with ice/heat, rest, wrist brace, physical therapy, work modifications, and medications including oral and topical analgesics, and a proton pump inhibitor. On February 13, 2014, electrodiagnostic studies were performed. On October 13, 2014, x-rays of the cervical spine, right wrist, and right shoulder were performed. On January 21, 2015, her treating physician reports persistent right upper extremity pain radiating from the neck to the right hand. The physical exam revealed normal reflex, sensory and power testing to the bilateral upper and lower extremities, except for mild numbness and weakness of the right cervical 6 and cervical 7. Her gait was normal, and she could heel-walk and toe-walk bilaterally. There was positive cervical tenderness, muscle spasms in the paraspinal musculature, 25% decreased range of motion, negative Lhermitte's, equivocal right Spurling's, and negative Babinski's bilaterally. The treatment plan includes oral and topical analgesics, and a non-steroidal anti-inflammatory medication. On February 18, 2015, the injured worker submitted an application for IMR for review of prescriptions for Celebrex 200mg #30, Lidoderm 5% patch #30, and Ultram 50mg #30. The Celebrex was non-certified based on the lack of indication of risk for gastrointestinal complaints. The Lidoderm was non-certified based on the lack of evidence any attempted use of at least one gamma amino butyric acid (GABA) analogue and/or tricyclic antidepressants (TCA) class of medications prior to the institution of the use of Lidoderm. The Ultram was modified based on the guidelines noted a recent epidemiologic study

found that opioid treatment for chronic non-malignant pain did not seem to fulfil any key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. Therefore, the Norco was modified for the commencement of weaning. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Chronic Pain Medical Treatment Guidelines NSAID, page(s) 67-73 According to CA MTUS guidelines anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. In this specific injured worker there is no report of side-effects and there are no medical issues that would contraindicate continued use of NSAIDs including heart disease or kidney disease. Consequently there is no contra-indication for ongoing long-term use. Celebrex is a COX-2 NSAID that is medically necessary when there is a medical necessity to utilize this over a generic NSAID such as ibuprofen. There is no evidence in the records reviewed indicating the the patient has gastritis or another condition that necessitates use of celebrex over a traditional NSAID. According to June 11, 2014 clinic note the patient was taking Naproxyn with no complaint of GI side effects. Consequently Celebrex instead of Naproxyn is not considered to be medically necessary.

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 112-119.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for the patient's neuropathic pain. MTUS guidelines state regarding Lidoderm patch: Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of

lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Consequently continued use of the above listed compounded agent is not supported at this time.

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use Page(s): 76-96.

Decision rationale: CA MTUS guideline criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing use of short acting opioids such as the prescribed medication. Improvement of VAS score are not reported and there is no noted improvement in objective physical exam findings or functional capacity. Additionally, from the medical records provided there is no report of recent UDS, opioid counseling or opioid contract. Consequently continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary.