

Case Number:	CM15-0033207		
Date Assigned:	02/26/2015	Date of Injury:	08/17/2011
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury on August 17, 2011. The injured worker had reported a right upper extremity injury. The diagnoses have included right wrist and forearm pain, status post release of the right sixth dorsal compartment, lateral epicondylitis and chronic wrist tendinitis. Treatment to date has included pain medication, physical therapy, massage, chiropractic care, wrist and elbow brace, arm splints, Celestone injections and activity modification. Most current documentation dated November 11, 2014 notes that the injured worker complained of right ulnar wrist pain radiating to the ulnar aspect of the elbow. The pain was noted to be intermittent and worse with activities. Physical examination revealed a good range of motion of the right upper extremity. Wrist strength was a 4/5 at the right wrist and elbow related to pain. Pain was noted over the right distal ulnar styloid region and over the lateral elbow. Treatment plan was to increase the injured worker's Lyrica and to continue with Celebrex and Voltaren gel. On February 4, 2015 Utilization Review non-certified a request for Celebrex 200 mg # 30 and Voltaren gel 1% per tube # 5. The MTUS, Chronic Pain Medical Treatment Guidelines, were 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 NSAID's Page(s): 67-66, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #30 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX 2 non-steroidal anti-inflammatory drugs have fewer G.I. side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non-selective non-steroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnoses are wrist flexor tendinitis; wrist pain; lateral epicondylitis; unspecified mononeuritis of upper limb. The documentation shows the injured worker was using Celebrex as far back as March 26, 2014. The documentation does not contain a clinical rationale for the use of Celebrex in the absence of gastrointestinal intolerance to non-steroidal anti-inflammatory drugs. Celebrex is a Cox 2 non-steroidal anti-inflammatory drug with fewer G.I. side effects. Injured workers with no risk factors and no cardiovascular disease may use a nonselective non-steroidal anti-inflammatory drug such as ibuprofen or Naprosyn. There is no documentation in the record of risk factors such as G.I. bleeding or peptic ulcer disease. Consequently, absent clinical documentation with evidence of risk factors for gastrointestinal events and failure of nonselective non-steroidal anti-inflammatory drugs, Celebrex 200 mg #30 is not medically necessary.

Voltaren Gel 1% per tube, quantity 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111,112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren gel 1% #5 gel tubes is not medically necessary. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's

working diagnoses are wrist flexor tendinitis; wrist pain; lateral epicondylitis; unspecified mononeuritis of upper limb. Voltaren gel 1% is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment. The worker does not have a diagnosis of osteoarthritis. Additionally, there is no clinical rationale in the medical record for Voltaren gel use. Consequently, absent clinical documentation with a clinical indication and rationale based on the injured worker's subjective and objective findings and the clinical assessment, Voltaren gel 1% #5 gel tubes is not medically necessary.