

<b>Case Number:</b>	CM15-0049764		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	04/05/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 44-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 5, 2011. In a Utilization Review report dated February 2, 2015, the claims administrator failed to approve requests for Celebrex and Lidoderm patches. The applicant's attorney subsequently appealed. In a RFA form dated February 3, 2015, urine drug testing, Celebrex, and Lidoderm were endorsed. In an associated progress note dated January 29, 2015, the applicant reported ongoing complaints of low back pain, non-radiating, progressively increasing over the preceding two weeks. The attending provider stated that the applicant was working regular duty work; it was stated in one section of the note. At the bottom of the report, the applicant was given a 25-pound lifting limitation. The applicant did exhibit a normal gait in the clinic setting. Drug testing was performed. The attending provider stated that the applicant had reported that ibuprofen was not effectively attenuating his pain complaints. The January 20, 2015 progress note did not, however, contain any specific rationale for selection of either Celebrex or Lidoderm.

### 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 NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**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 does acknowledge that COX-2 inhibitors such as Celebrex are indicated in applicants who have a risk or history of GI complications, in this case, however, there was no mention of the applicant's having suspected GI complications evident on or around the date of the request, January 29, 2015. No clear or compelling rationale for introduction of Celebrex was furnished by the attending provider. Therefore, the request was not medically necessary.

**Lidoderm patches 5% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**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, in this case, however, the attending provider's January 29, 2015 progress note contained no mention of the applicant's having tried and/or failed first-line antidepressants and/or anticonvulsants before Lidoderm patches were introduced. No rationale for introduction and/or selection of Lidoderm patches was furnished by the attending provider. Therefore, the request was not medically necessary.