

<b>Case Number:</b>	CM15-0052734		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44-year-old male who reported injury on 09/03/2013. The mechanism of injury was noted to be the injured worker was utilizing a back brace to support his back. It was noted the injured worker had been authorized for functional restoration program. The injured worker indicated that most of the pain relief was felt with Celebrex. The injured worker indicated he had 50% reduction of pain with Celebrex and was able to sleep better at night and perform his home exercise program. The medications were noted to include Celebrex 200 mg capsules, Lidoderm 7% patches, naproxen 500 mg tablets, omeprazole 20 mg capsules, and Voltaren 1% topical gel. The physical examination revealed an antalgic gait with a forward flexed posture. The injured worker had facial appearance grimacing and ambulatory behavior was guarded. The injured worker changed positions frequent. The injured worker indicated that he had received 50% relief from Voltaren gel. The omeprazole was noted to be recommended for stomach protection. The medications were noted to provide 50% pain relief allowing for improvement in function including activities of daily living, and a home exercise program, and a walking regimen. The injured worker did not have significant side effects. The treatment plan included a refill of medications. The diagnosis included low back pain, lumbago, hip and thigh injury, chronic pain syndrome, and psychic factors associated with disease elsewhere classified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg 1 cap 2x/day by oral #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had objective functional improvement and an objective decrease in pain. However, this medication is noted to be for short-term use. The duration of use cannot be established. Additionally, there was a lack of documentation indicating a necessity for 2 NSAIDs. Given the above and the lack of documented rationale, the request for Celebrex 200mg 1 cap 2x/day by oral #30 is not medically necessary.

**Naproxen 500mg 1 tab 2x/day by oral #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had objective functional improvement and an objective decrease in pain. However, this medication is noted to be for short-term use. The duration of use cannot be established. Additionally, there was a lack of documentation indicating a necessity for 2 NSAIDs. Given the above and the lack of documented rationale, the request for Naproxen 500mg 1 tab 2x/day by oral #30 is not medically necessary.

**Omeprazole 20mg 1 cap daily by oral #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 69.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events. They are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the injured worker had signs or symptoms of dyspepsia. There was a lack of documentation of exceptional factors. Additionally, as the NSAIDs were found to be not medically necessary, this medication would not be medically necessary. Given the above, the request for Omeprazole 20mg 1 cap daily by oral #30 is not medically necessary.

**Lidoderm 5% 700mg/patch apply 1 patch for 12hrs daily #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm  
Page(s): 56, 57.

**Decision rationale:** The California Medical Treatment & Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The clinical documentation submitted for review failed to provide documentation the injured worker had a trialed and failed of first line therapy. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Lidoderm 5% 700mg/patch apply 1 patch for 12hrs daily #30 is not medically necessary.