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| <b>Case Number:</b>   | CM15-0058631 |                              |            |
| <b>Date Assigned:</b> | 04/03/2015   | <b>Date of Injury:</b>       | 08/14/2012 |
| <b>Decision Date:</b> | 05/04/2015   | <b>UR Denial Date:</b>       | 03/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/27/2015 |

### 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: 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 31 year old female, who sustained an industrial injury on 8/14/2012. The current diagnoses are lumbosacral neuritis, myalgia and myositis, lumbosacral spondylosis, Fibromyalgia, De Quervain's tenosynovitis, and carpal tunnel syndrome. According to the progress report dated 3/5/2015, the injured worker complains of increased pain throughout. Her lumbar spine pain is described as sharp, shooting, and tingling and rated 9/10 on a subjective pain scale. Her thoracic spine pain is described as numb, sharp, shooting, and tingling and rated 8/10. Her left wrist pain is described as aching, dull, numb, shooting, and tingling and rated 9/10. Additionally, she reports difficulty with sleep. The current medications are Celebrex, Lidoderm, Tylenol, Dicyclomine, Omeprazole, and Amoxicillin. Treatment to date has included medication management, acupuncture, ice/heat, MRI of the lumbar spine, massage therapy, back brace, chiropractic, and physical therapy. The plan of care includes Celebrex and compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Celebrex 200 mg Qty 30 is not medically necessary and appropriate.

**Compound Cream: Diclofenac 3% Baclofen 2% Bupivacaine 1% Dms0 4% Gabapentin 6% Ibuprofen 3% Pentoxifyline 3% - Qty 240 gm with 3 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, anti-depressant, and anti-seizure over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 3 concurrent anti-inflammatories, oral Celebrex and topical compounded Diclofenac and Ibuprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Compound Cream: Diclofenac 3% Baclofen 2% Bupivacaine 1% Dms0 4% Gabapentin 6% Ibuprofen 3% Pentoxifyline 3% - Qty 240 gm with 3 Refills is not medically necessary and appropriate.