MAXIMUS Federal Services

Case Number:	CM15-0065373		
Date Assigned:	04/13/2015	Date of Injury:	05/10/2012
Decision Date:	07/02/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/06/2015

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 45-year-old who has filed a claim for chronic knee, low back, and shoulder pain reportedly associated with an industrial injury of May 10, 2012. In a Utilization Review report dated March 23, 2015, the claims administrator failed to approve requests for Celebrex, topical Lidoderm patches, capsaicin cream, and Lorzone. The claims administrator referenced a RFA form received on March 16, 2015 and associated progress note of February 15, 2015 in its determination. The applicant's attorney subsequently appealed. In an applicant questionnaire dated August 11, 2014, the applicant did seemingly state that he was working, albeit through pre-printed checkboxes. The applicant stated that he was using Motrin, tizanidine, and capsaicin cream as of that point in time. On September 17, 2014, the applicant reported ongoing complaints of low back and shoulder pain. The applicant had undergone earlier shoulder surgery. Naproxen, Robaxin, Lidoderm patches, and capsaicin cream were endorsed. The applicant's work status was not exclusively stated. On February 16, 2015, the applicant reported ongoing complaints of low back, shoulder, and knee pain. The applicant contended, in one section of the note, that medications were helping. The applicant denied any issues with upset stomach, it was stated in the review of systems section of the note. The applicant did report issues with insomnia. Lorzone, Celebrex, Lidoderm patches, and capsaicin cream were continued. In an August 20, 2014 progress note, the applicant denied issues with upset stomach, it was reported in the review of systems section of the note. The applicant was using tramadol, Lidoderm, and Robaxin at that point in time, it was reported.

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.

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 support COX-2 inhibitors such as Celebrex in applicants who are at risk with GI complications, here, however, the February 16, 2015 progress note at issue explicitly stated that the applicant denied any issues with upset stomach. There was no mention of the applicant's having any history of or risk factors for GI complications on or around the date in question. Therefore, the request was not medically necessary.

Lidoderm Patch 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 have been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, there was no mention of the applicant's having failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of Lidoderm patches at issue. Therefore, the request was not medically necessary.

Capsaicin Cream 0.025%, 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

Decision rationale: Similarly, the request for topical capsaicin cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS

Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including tramadol, naproxen, Celebrex, Robaxin, etc., at various points in time, effectively obviated the need for the capsaicin cream in question. Therefore, the request was not medically necessary.

Lorzone 750mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The request for Lorzone, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Lorzone are recommended with caution as a short-term option for acute exacerbations of chronic low back pain, here, however, the 60-tablet supply of Lorzone at issue implied, chronic, long-term, and/or twice-daily usage, i.e., usage incompatible with the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as other medications into an applicant's choice of pharmacotherapy. Here, however, the attending provider did not clearly state why Lorzone was prescribed on February 16, 2015 when the applicant had previously been given prescriptions for Robaxin at various points in time, including on August 20, 2014. The attending provider did not clearly state whether Lorzone was intended to replace previously prescribed Robaxin or whether he intended for the applicant to employ the two muscle relaxants in parallel. Therefore, the request was not medically necessary.