

Case Number:	CM15-0087254		
Date Assigned:	05/11/2015	Date of Injury:	12/07/2014
Decision Date:	06/10/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female, who sustained an industrial/work injury on 12/7/14. She reported initial complaints of ankle pain. The injured worker was diagnosed as having tear of lateral cartilage or meniscus of knee, lumbar sprain/strain, pain in joint, lower leg. Treatment to date has included medication and diagnostics. MRI results were reported on 12/30/14 demonstrated degenerative disc disease at L3-4 through L5-6, minimum degenerative facet arthropathy, 3 mm of L5-6 retrolisthesis, decreased T1 and increased T2 signal pattern possibly representing atypical hemangioma or possibly a bone infarct. MRI of the left knee on 12/31/14 notes small joint effusion, cyst of the medial femoral condyle, and arthrofibrosis. MRI of the right knee on 2/10/15 noted osteoarthritis changes of the patellofemoral joint, degenerative changes posterior horn of the medial meniscus, suspect fraying of the free edge of the body of the lateral meniscus. Currently, the injured worker complains of lower backache and bilateral knee pain. Per the primary physician's progress report (PR-2) on 4/27/15, the injured worker has low back pain that is deep, sharp, achy, and with spasms and radiates down the bilateral lower extremities. L>R. Current plan of care included medication. The requested treatments include Oral Celebrex 200mg, Lidoderm patch 5% 700mg, and Pennsaid 2% pump 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oral Celebrex 200mg sig take 1 daily as needed #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p67-70.

Decision rationale: The claimant sustained a work injury in December 2014 and continues to be treated for low back and bilateral knee pain. When seen, medications included Voltaren gel and ibuprofen which was being taken as needed up to 1200 mg per day. Aleve is referenced as having caused gastric upset. Celebrex, Lidoderm, and Pennsaid were prescribed. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. The claimant has a history of gastritic upset and guidelines recommend prescribing a selective COX- 2 medication such as Celebrex. The maximum dose is 200 mg per day. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

Lidoderm patch 5% 700mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in December 2014 and continues to be treated for low back and bilateral knee pain. When seen, medications included Voltaren gel and ibuprofen which was being taken as needed up to 1200 mg per day. Aleve is referenced as having caused gastric upset. Celebrex, Lidoderm, and Pennsaid were prescribed. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.

Pennsaid 2% pump 20mg qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in December 2014 and continues to be treated for low back and bilateral knee pain. When seen, medications included Voltaren gel and

ibuprofen which was being taken as needed up to 1200 mg per day. Aleve is referenced as having caused gastric upset. Celebrex, Lidoderm, and Pennsaid were prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Celebrex was also prescribed with unknown tolerance. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.