

Case Number:	CM15-0088574		
Date Assigned:	05/12/2015	Date of Injury:	11/16/1992
Decision Date:	06/12/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 72-year-old female, who sustained an industrial injury on 11/16/1992. She has reported subsequent neck, shoulder and upper extremity pain and was diagnosed with sprain/strain of the neck and pain in the joint of the shoulder and upper arm. Treatment to date has included oral and topical pain medication and acupuncture. In a progress note dated 04/20/2015, the injured worker complained of left shoulder pain, scapular pain and elbow pain. Objective findings were notable for tenderness to palpation over the medial aspects of the elbows left worse than right, soft tissue swelling; diffuse tenderness in the left periscapular area along the lateral aspect of the left rib cage. A request for authorization of Celebrex, 8 sessions of acupuncture treatment and Flector patch was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Celebrex 200mg #30 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Celebrex without evidence of functional improvement and with persistent pain. The request for continued Celebrex is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Celebrex with 2 refills is not medically necessary.

Additional eight (8) sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Additional eight (8) sessions of acupuncture is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits of acupuncture. Additionally, the documentation indicates that the patient has had prior acupuncture. Although the documentation states that the patient takes less Celebrex when she has acupuncture, it is unclear that she has had any objective functional improvement. For these reasons, additional acupuncture is not indicated or medically necessary.

Flector 1.3% patches #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation <https://www1.pfizerpro.com/hcp/flectorpatch>.

Decision rationale: Flector 1.3% patches #60 with 2 refills is not medically necessary per the MTUS guidelines and an online review of Flector Patch. Flector patch is a topical patch that contains the non-steroidal anti-inflammatory (NSAID) Diclofenac that is indicated for acute musculoskeletal pain only. Diclofenac (and other NSAIDs) are indicated for patients who have

mild to moderate pain. The MTUS recommends topical NSAIDS in the relief of osteoarthritis pain in joints that lend themselves to topical treatment (wrist, knee, hand, foot, and ankle). The guidelines state that topical diclofenac is not indicated for spine, hip or shoulder. The request is not clear what body part the patient is using this as she has neck, shoulders and arm pain. Furthermore, there is no indication she is unable to take oral NSAIDs and her symptoms are chronic rather than acute musculoskeletal pain for which Diclofenac is not indicated. The request for Flector patch is not medically necessary or appropriate.