

Case Number:	CM15-0089347		
Date Assigned:	05/13/2015	Date of Injury:	09/06/2007
Decision Date:	06/16/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 55-year-old male with an industrial injury dated 09/06/2007. His diagnoses included post laminectomy syndrome lumbar region, reflex sympathetic dystrophy lower limb, pain in joint pelvic region and thigh, pain in joint, lower leg; and pain in joint, ankle and foot. Prior treatments included medications, physical therapy, spinal cord stimulator and surgery. He presents on 03/05/2015 with complaints of left leg and low back pain. He notes the decrease in medication is not maintaining his pain now. He states he gets 3-4 hours of sleep nightly. He had discontinued the Celebrex and Morphine. He rates his average pain since last visit as 7-8/10. Functional level since last visit is rated as 6-7/10. Physical exam is documented as the injured worker showing no signs of sedation or withdrawal and appropriate otherwise. Treatment plan included to restart Celebrex and increase Norco. Other treatment-included medications continue physical therapy/aqua therapy and home exercise/physical therapy on a regular basis. Urine drug test done on 02/03/2015 was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Celebrex 200mg: 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 Page(s): 67.

Decision rationale: 60 tablets of Celebrex 200 mg is not medically necessary. Celebrex is a nonsteroidal anti-inflammatory medication. Per MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time he has been on oral anti-inflammatories. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. The medication is therefore not medically necessary.

1 container of Gabapentin 10%, Ketamine 10%, Lidocaine 5%, Cyclobenzaprine 4% and Menthol 3% 120ml: 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): 111-112.

Decision rationale: 1 container of Gabapentin 10% Ketamine 10%, Lidocaine 5%, Cyclobenzaprine 4% and Menthol 3% 120 ml is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)." Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested medication is not medically necessary.