

Case Number:	CM14-0145427		
Date Assigned:	09/12/2014	Date of Injury:	07/08/2008
Decision Date:	10/31/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 63-year-old female with a 7/8/08 date of injury. At the time (7/28/14) of the request for authorization for Celebrex 200mg #30 and Voltaren gel, there is documentation of subjective (persistent neck and low back pain, severe, and some left hand pain) and objective (tenderness in the cervical paravertebral muscles and upper trapezius region, decreased cervical spine range of motion with increased neck pain and spasm of the cervical paravertebral muscles, some tenderness of the left thumb CMC joint, slight tenderness in the lumbar paravertebral muscles, decreased lumbar spine range of motion with increased pain, decreased sensation bilateral L4 and L5) findings, current diagnoses (cervical degenerative disc disease, cervical spinal stenosis, cervical radiculitis, lumbar disc herniations, lumbar spinal stenosis, and lumbar radiculopathy), and treatment to date (medication including ongoing use of Celebrex and Voltaren gel). Regarding Celebrex 200mg #30, there is no documentation of a high-risk of GI complications with NSAIDs; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Celebrex use to date. Regarding Voltaren gel, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and failure of an oral NSAID or contraindications to oral NSAIDs; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Voltaren gel use to date; and short-term use (4-12 weeks).

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 (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies a high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease, cervical spinal stenosis, cervical radiculitis, lumbar disc herniations, lumbar spinal stenosis, and lumbar radiculopathy. However, there is no documentation of a high-risk of GI complications with NSAIDs. In addition, given documentation of ongoing use of Celebrex, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Celebrex use to date. Therefore, based on guidelines and a review of the evidence, the request for Celebrex 200 mg #30 is not medically necessary.

Voltaren gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs), Page(s): page(s) 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Voltaren Gel 1%. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of Voltaren Gel. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease, cervical spinal stenosis, cervical radiculitis, lumbar disc herniations, lumbar spinal stenosis, and lumbar radiculopathy.

However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and failure of an oral NSAID or contraindications to oral NSAIDs. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Voltaren gel use to date. Furthermore, given documentation of ongoing treatment with Voltaren gel, there is no documentation of short-term use (4-12 weeks). Therefore, based on guidelines and a review of the evidence, the request for Voltaren gel is not medically necessary.