

Case Number:	CM14-0155572		
Date Assigned:	09/25/2014	Date of Injury:	03/25/2014
Decision Date:	10/27/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family Medicine 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:

This is a 39-year-old male patient who reported an industrial injury on March 25, 2014, seven (7) months ago, attributed to the performance of his usual and customary job tasks reported as a slip and fall while working with a leaf blower. The patient complained of neck and low back pain radiating to the left leg associated with numbness and weakness. The objective findings on examination included diminished range of motion of the lumbar spine; tenderness to palpation to the paravertebral musculature; positive SLR; strength 5/5; sensation intact. The patient was diagnosed with lumbar spine sprain/strain; lumbar disc herniation; cervical strain; cervical spine disc herniation; and status post motor vehicle accident. The patient was prescribed Celebrex; Lidoderm 5% patches; Naprosyn; ibuprofen; Tylenol; muscle relaxants; and tramadol. The patient is noted to have received six sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg, thirty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; Anti-inflammatory medications Page(s): 22; 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Celebrex Page(s): 67 to 68 30. Decision based on Non-MTUS Citation pain chapter-- medications for chronic pain; NSAIDs

Decision rationale: The patient was prescribed Celebrex, a COX II inhibitor for the treatment of chronic back and neck pain. There is documentation that the patient has any stomach issues with Celebrex or any other NSAID. There were no other prescribed COX I NSAIDs prescribed to the patient to evaluate for efficacy. The treatment with the NSAIDs is consistent with evidence-based guidelines for the treatment of pain and inflammation. There is no medical necessity for the prescription of a COX II inhibitor without the documentation of a patient's reaction to a prescribed more than one COX I inhibitor. The prescription for Celebrex was accompanied by clinical documentation of a GI reaction from the patient from the prescription of available COX I inhibitors. The medical records demonstrate that a NSAID is prescribed; however, there is demonstrated medical necessity for a COX II inhibitor over a COX I inhibitor NSAID or an OTC NSAID. The medical records reflect a rationale for the use of Celebrex as opposed to a standard NSAID/COX I inhibitor for the demonstrated ongoing symptoms. The California MTUS states that Celebrex is a nonsteroidal anti-inflammatory drug that is a Cox II selective inhibitor, a drug that directly targets Cox II, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the anti-platelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain management procedures. It may be considered the patient has a risk of G.I. complications but not for the majority of patients. Generic NSAIDs and Cox II inhibitors have similar efficacy and risks when used for less than three months but a 10 to 1 difference in cost. There is no current clinical documentation that indicates that the patient has an acute inflammatory process for which this medication would be necessary patient appears to have had renal functioning issues in the past that were related to NSAID medications. Therefore, Celebrex 200 mg, thirty count with one refill, is not medically necessary or appropriate.

Lidoderm 5% Patch, thirty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; Topical Analgesics Page(s): 111-112; 56-57.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines anti-inflammatory medications chronic pain chapter's topical analgesics Page(s): 67-68 11. Decision based on Non-MTUS Citation pain chapter medications for chronic pain; topical analgesics

Decision rationale: The prescription of topical Lidoderm 5% patches #30 with refill x1 was not demonstrated to be medically necessary and no objective evidence to support the medical necessity of the prescribed topical lidocaine for the cited diagnoses. The CA MTUS does not recommend the use of Lidoderm patches for pain control as the patches or ointment are only FDA approved for the treatment of neuropathic pain attributed to post herpetic neuralgia. The patient is being treated with Lidoderm patches for chronic back and neck pain. There is no medical necessity for the use of the Lidoderm patches for the objective findings documented on examination. The request for authorization of the Lidoderm patches is not supported with objective evidence and is not recommended as a first line treatment for the treatment of chronic shoulder pain. There is no objective evidence that the Lidoderm patches are more effective than the many available alternatives for the treatment of chronic pain. There is no objective evidence

to support the use of Lidoderm patches for the stated symptoms, as there are available alternatives. There is no objective evidence to support the use of topical lidocaine for the treatment of the documented diagnoses. The applicable evidence-based guidelines state that more research is required prior to endorsing the use of Lidoderm patches for the treatment of chronic pain. The prescription of Lidoderm patches is FDA approved only for post herpetic neuralgia and is not to be used as a first line treatment. The provider provides no rationale for the use of the dispensed/prescribed Lidoderm patches over the readily available medical alternatives. The prescription of the Lidoderm patches is inconsistent with evidence-based guidelines. There are no prescribed antidepressants or gabapentin to support the medical necessity of Lidoderm topical patches. Evidence-based guidelines necessitate documentation of localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED, such as, gabapentin or Lyrica) to support the medical necessity of Lidoderm patch. The patient is not taking Neurontin, thus Lidoderm is not appropriate for the treatment of this patient. There is no objective evidence to support the use of Lidoderm patches for the continuous and daily treatment of chronic back pain. There is no current clinical documentation that indicates that the patient has a localized area of neuropathic pain for which this medication would be medically necessary. There is no demonstrated medical necessity for Lidoderm patches or topical lidocaine ointment to treat the effects of the industrial injury. ODG identifies that Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED, such as, gabapentin or Lyrica).