

Case Number:	CM14-0166183		
Date Assigned:	10/13/2014	Date of Injury:	03/22/2006
Decision Date:	11/13/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/08/2014

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 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:

The injured worker is a 47 year old male with a date of injury on 3/22/2006 while under employment. He is diagnosed with: (a) right knee, status post surgery x 2, medial meniscus partial resection; (b) left knee and left ankle discomfort presumably secondary to altered gait; and (c) chronic axial low back pain. Evaluation on September 22, 2014 noted the injured worker's complaints of lower backache and right knee pain. The pain has increased since his last visit and stated that his increased pain was due to the denial of Celebrex for one month and feels very frustrated about this. He continues to utilize a transcutaneous electrical nerve stimulation unit for pain control. Physical exam findings were significant for restricted lumbar ranges of motion in extension and right lateral bending; spinous tenderness noted over L3 through L5, bilateral hypertonicity and tight muscle bands over the lumbar spine, and positive bilateral lumbar facet loading. Right knee exam findings were significant for tenderness over the lateral and medial joint lines as well as the patella.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg Quantity: 30 plus two 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 Celebrex Page(s): 30.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that the use of non-steroidal anti-inflammatories for treatment of osteoarthritis including the knee and hip at the lowest dose for the shortest period of time in injured workers with moderate to severe pain. Further, the guidelines recommended use of these medications for acute exacerbations of chronic low back pain as a second-line option after using acetaminophen. In this injured worker's case, the submitted documented indicates subjective benefit; however, there is no evidence of quantifiable improvement that supports subjective benefit such as decrease in pain level, duration of pain relief, increased ranges of motion with level of function, or improved quality of life. Prior utilization review dated July 18, 2014 indicated that Celebrex 200 mg quantity 30 was non-certified. Therefore, it can be concluded that the medical necessity of Celebrex 200 mg quantity 30 plus two refills is not medically necessary at this time.

Salonpas patch 10-3%, Quantity: 30 plus two 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): 111-113.

Decision rationale: The Medical Treatment Utilization Schedule states that topical analgesics are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. The referenced guideline also states that any compounded product that contains at least one drug (or drug class) that is not recommended is, as a whole, not recommended. The Salonpas patch is reported to contain menthol and capsaicin. For capsaicin, the referenced guideline states that it is only recommended only as an option in injured workers who have not responded or are intolerant to other treatments. The submitted documentations show that injured worker did not fail the first line anti-convulsant gabapentin. It is unknown if there was a trial and a failure of anti-depressants or not. The Medical Treatment Utilization Schedule criteria for the capsaicin component of the Salonpas patch has not been met. The requested Salonpas patch is therefore not considered medically necessary.