

<b>Case Number:</b>	CM14-0166316		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	11/01/1996
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 4, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; psychotropic medications; anxiolytic medications; topical agents; and extensive periods of time off work. In a utilization review report dated October 8, 2014, the claims administrator failed to approve a request for Celebrex, Benadryl, and Lidoderm patches. The applicant's attorney subsequently appealed. In a February 27, 2014, progress note, the applicant presented with bilateral upper extremity pain, low back pain, left shoulder impingement syndrome, and issues of diabetes. The applicant was receiving private disability insurance, Workers' Compensation indemnity benefits, and Social Security Disability Insurance (SSDI), it was acknowledged. It was stated that the applicant was only able to prepare simple meals and that her son did most of the real housekeeping tasks. The applicant's medication list reportedly included Ultram, Pennsaid, Celebrex, Lidoderm, Voltaren, Skelaxin, Tylenol, Benadryl, Cymbalta, Verapamil, Lipitor, Tenormin, and Metformin. A rather proscriptive 10-pound lifting limitation was endorsed. It was acknowledged that the applicant was not working with said limitations in place. The applicant was using Celebrex sparingly. Tramadol was being used thrice daily. The note was somewhat difficult to follow and mingled historical issues with current complaints. The applicant's height is 5 feet 6 inches and a weighs 275 pounds. In a September 19, 2014, progress note, the applicant was again described as off work. The applicant's medication list included Ultram, Pennsaid, Lidoderm, Tylenol, and Benadryl. It was not clearly stated for what purpose Benadryl was being employed. The applicant's son was doing most of the real homemaking tasks as the applicant was still having difficulty performing activities as basic as braiding her hair. The applicant was trying to walk

more, it was acknowledged. Multiple medications were refilled. The attending provider expressed some concern about the applicant's possible habituation to medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Celebrex 200 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22, 7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of Cox-2 inhibitors in applicants with a history of GI complications, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off work. The applicant is receiving Workers' Compensation indemnity benefits, Social Security Disability Insurance benefits, and private disability insurance benefits. Ongoing usage of Celebrex has failed to curtail the applicant's dependence on opioid agents such as Tramadol. The applicant is still having difficulty performing activities of daily living as basic as combing her hair, performing household tasks, and household chores. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Celebrex. Therefore, the request is not medically necessary.

**Benadryl 25-50 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), Benadryl Medication Guide.

**Decision rationale:** The MTUS does not address the topic. While the Physicians' Desk Reference does acknowledge that Benadryl (diphenhydramine) is indicated in the treatment of allergic reactions, parkinsonism, and/or motion sickness, in this case, however, it was not clearly stated for what purpose Benadryl was being employed. The attending provider did not outline the presence of any allergic reactions, issues of parkinsonism, motion sickness, allergies, etc., for which introduction and/or ongoing usage of Benadryl would have been indicated. Therefore, the request is not medically necessary.

**Lidoderm 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, in this case, the applicant's ongoing usage of Cymbalta, an antidepressant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.