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| <b>Case Number:</b>   | CM14-0085022 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 08/15/2008 |
| <b>Decision Date:</b> | 09/19/2014   | <b>UR Denial Date:</b>       | 05/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/06/2014 |

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 55-year-old male who reported an injury on 08/15/2008. The mechanism of injury was not provided. On 07/07/2014, the injured worker presented with bilateral shoulder and right elbow pain. Upon examination of the right upper extremity there was tenderness to palpation along the anteromedial aspect of the right elbow and pain along the anteromedial of the forearm, just distal to the elbow. There was pain with resisted extension. The range of motion of the elbow was intact. The current medications included Flector patch, pantoprazole, Protonix, Nucynta, Celebrex, calcium, Dilaudid, lisinopril, metformin, Tylenol and Vytarin. The diagnoses were pain in the joint of the shoulder and pain in the joint of the upper arm. The provider recommended Celebrex and Flector patches. The provider's rationale was not provided. The Request for Authorization form was dated 05/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 100 MG # 30, 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSADS Page(s): 70.

**Decision rationale:** The request for Celebrex 100 mg with a quantity of 30 and 3 refills is not medically necessary. The California MTUS Guidelines state that all NSAIDs are associated with risk of cardiovascular events including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There is lack of evidence in the medical records provided of a complete and adequate pain assessment of the injured worker and the efficacy of the previous use of medication. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

**Flector 1.3 % patches # 60, 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines, Flector patch.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The request for Flector 1.3% patch with a quantity of 60 and 3 refills is not medically necessary. The California MTUS state that transdermal compounds are largely experimental in use with few randomized controls to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control included NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonist,  $\alpha$ -adrenergic receptor antagonist, adenosine, cannabinoids, cholinergic receptor agonists. There is little to no research to support the use of many of these agents. The provided documentation lacks evidence of a failed trial of an antidepressant or anticonvulsant. Additionally, the provider's request did not indicate the frequency of the medication or the site that it is indicated for in the request as submitted. As such, the request is not medically necessary.