

Case Number:	CM14-0215311		
Date Assigned:	01/06/2015	Date of Injury:	10/13/2010
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

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

FILE NUMBER: CM14-0215311
CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 30, 2010. In a Utilization Review Report dated December 5, 2014, the claims administrator failed to approve request for Celebrex, Voltaren gel, and a spine surgery consultation. The claims administrator referenced a November 5, 2014 progress note in its determination, it was incidentally noted. The applicant's attorney subsequently appealed. On August 17, 2014, the applicant reported persistent complaints of neck pain with associated radicular complaints. The attending provider suggested that the applicant consider a cervical spine surgery consultation. A pain psychology consultation for the applicant's persistent depression and anxiety complaints was also suggested. The applicant was given diagnoses of neck pain, shoulder pain, and unspecified myalgias and myositis of various body parts. The applicant was given a refill of Voltaren gel. The attending provider stated that the applicant's work status was unchanged, suggesting that the applicant was not, in fact, working. The attending provider stated that the applicant had failed unspecified injections and Botox. In a prescription form dated September 20, 2014, Voltaren gel was endorsed, along with a pain psychology consultation and spine surgery consultation. In a February 14, 2014 progress note, the applicant was placed off of work, on total temporary disability, following earlier shoulder surgery. In a Medical-legal Evaluation dated October 16, 2013, it was acknowledged that the applicant was off of work, was receiving Social Security Disability Insurance (SSDI)

benefits in addition to Workers Compensation indemnity benefits. The applicant had not worked since September 2011, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for Celebrex, a COX-2 inhibitor is not medically necessary, appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are recommended over non-selective NSAIDs such as Motrin and naproxen if an applicant has a history of GI complications, in this case, however, the November 6, 2014 order form/prescription form contained no mention of any issues with previous GI complications which would prevent provision of non-selective NSAIDs such as Motrin or naproxen. Therefore, the request is not medically necessary.

Voltaren gel 1% #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for Voltaren gel was likewise not medically necessary, appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren (diclofenac) has not been evaluated for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generators include the shoulder and cervical spine, i.e., body parts for which Voltaren gel has not been evaluated. The attending provider did not furnish any compelling applicant-specific rationale which would offset the tepid-to-unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.

Spine surgery consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The proposed spine surgery consultation is medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine a specialist evaluation is necessary. Here, the applicant was/is off of work. The applicant has multifocal pain complaints which have proven recalcitrant to various treatments, including time, medications, physical therapy, injection therapy, Botox therapy, etc. Obtaining the added expertise of a practitioner in another specialty, such as spine surgery, may, thus, be of benefit here. Therefore, the request is medically necessary.