

<b>Case Number:</b>	CM14-0219230		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	10/16/2001
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 63 year old male sustained an industrial injury reported on 10/16/2001. He has reported low back pain, as well as right lower extremity pain and burning with prolonged standing. The diagnoses have included joint derangement, unspecified; status-post lumbar 4 - sacral 1 fusion, with revision surgery of hardware removal and exploration of fusion (2/24/11); possible instability vs transitional syndrome; left total knee replacement (4/18/14); and diffuse and marked multi-level lumbar spondylosis. Treatments to date have included consultations; diagnostic laboratory and imaging studies; interferential unit in lieu of physical therapy (requested); and medication management. The injured worker was noted to be on modified work duty. As of November 2014, the claimant had been on Norco, Ultram, Naproxen and Flexeril for pain. Protonix was used along side these medications. On 12/16/2014 Utilization Review non-certified, for medical necessity, the request for Celebrex 200mg #30, and Lidoderm 5% patch #30 to help make the chronic pain tolerable, noting the MTUS Guidelines for chronic pain medical treatment, non-steroidal anti-inflammatories and topical analgesics, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. The claimant had been on 2 opioids and an NSAID prior to the Celebrex request. There was no indication for multiple classes of medications. The claimant had indicated that the pain was tolerable with the prior medications. The Celebrex is not medically necessary.

**Lidoderm 5 Percent Patch #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant had already been on numerous oral analgesics. There is limited evidence for the use of topical Lidoderm for chronic back pain. The request for 30 days use of Lidoderm patches as above is not medically necessary.