MAXIMUS Federal Services

Case Number:	CM14-0094461		
Date Assigned:	07/25/2014	Date of Injury:	01/01/2004
Decision Date:	06/12/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/20/2014

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, Texas
Certification(s)/Specialty: Internal 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:

The injured worker is a 61 year old female, who sustained an industrial injury on 1/01/2004. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical post laminectomy syndrome, degeneration of cervical intervertebral disc, cervicalgia, and shoulder joint pain. Treatment to date has included cervical spinal surgery in 2005, left shoulder surgery in 2007, diagnostics, physical therapy, and medications. The progress report, dated 1/28/2014, noted the use of Celebrex only as needed for very severe pain due to the fact that it caused her significant medication induced gastritis. Magnetic resonance imaging of the cervical spine (2/10/2014) was submitted. X-rays and magnetic resonance imaging of the cervical spine were documented as relatively unchanged from previous studies in 2012. The progress report, dated 4/03/2014, noted the daily use of Celebrex due to increased pain, as not using Lidoderm patches as much lately. Currently (5/30/2014), the injured worker complains of chronic pain in the left side of neck, with radiation to both upper extremities, and numbness and tingling in the hands, left greater than right. Pain was constant but variable in intensity. She also reported bladder incontinence, interference with sleep, and unbearable right shoulder pain. She continued to work full time. She now reported using Celebrex on an "as needed" basis and continued to rely on Pantoprazole daily for gastrointestinal effects of medication. She used Lidoderm patches daily to her shoulders and neck. Also noted was the use of Voltaren gel. The use of Celebrex and Lidoderm was noted since at least 11/2013. She was prescribed a Medrol dose pack, with instructions to discontinue Celebrex use while taking this medication. A physical exam of the

spine and/or upper/lower extremities was not noted. The treatment plan included continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 Mg #30 With 1 Refill: Upheld

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

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

Decision rationale: All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective that acetaminophen for acute low back pain. In this case the documentation supports that the patient is suffering from gastric upset due to celebrex. The patient has been using celebrex long term for pain. Due to the risk of multiple adverse side effects, including gastric upset, the continued use of celebrex is not medically necessary.

Lidoderm Patches 5% #30 With 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

Decision rationale: Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI) anti-depressants or and AED (gabapentin or lyrica). Not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In this case, there is no documentation that the patient has tried and failed first line medications for neuropathic pain, therefore the request is not medically necessary.