

<b>Case Number:</b>	CM15-0013861		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	02/27/2009
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: California, Indiana, New York  
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 57 year old female patient, who sustained an industrial injury on 02/27/2009. A primary treating office visit dated 11/19/2014 reported a subjective chief complaint of low back pain. Physical examination found low back revealed 60 degrees of flexion and 10 degrees of extension with a negative straight leg raise. She is diagnosed with low back pain, left knee bursitis. the plan of care involved recommending Celebrix to treat localized low back tenderness; along with Flector patches. Prior treatment tot include; L5-S1 decompression and fusion with hardware removal. The patient was deemed permanent and stationary. On 12/22/2014 Utilization Review non-certified the request, noting the CA MTUS, ACOEM and Official Disability Guidelines were cited. the injured worker submitted an application for independent medical review of services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrix 200mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAID

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are low back pain and left knee bursitis. Celebrex is a Cox 2 selective nonsteroidal anti-inflammatory drug. Cox 2 selective drugs are recommended when patients are at high risk for gastrointestinal event with no cardiovascular disease. Cox 2 selective agents may also be indicated when a patient is at intermediate risk for gastrointestinal events with no cardiovascular disease. Documentation does not contain evidence of the injured worker's risk for gastrointestinal or cardiovascular disease. There are no co-morbid conditions or past medical history putting the patient at risk for gastrointestinal and cardiovascular disease. The documentation does not contain any side effects with any other nonsteroidal anti-inflammatory drugs. There is no contraindication in the medical record indicating a nonselective nonsteroidal anti-inflammatory drug is specifically prohibited. As a result, ibuprofen or naproxen is clinically indicated. Consequently, absent clinical documentation placing the injured worker at high risk or intermediate risk for cardiovascular or gastrointestinal events, nonselective nonsteroidal anti-inflammatory drugs are indicated and, Celebrex 200 mg is not medically necessary.

**Flector (Diclofenac) Patches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patch is not medically necessary. Topical analgesics are largely experimental with few for acute sprains, strains and contusions. controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. Flector patch is indicated for acute sprains, sprains and contusions. In this case, the injured worker's working diagnoses are low back pain and left knee bursitis. The documentation indicates the patient wants to try a topical cream. Flector patch is indicated for acute sprains, strains and contusions. The injured worker is in the chronic phase of treatment. There is no clinical indication or rationale for Flector (diclofenac) patch. Consequently, absent clinical documentation to support the use of diclofenac patch with no clinical indication, Flector patch is not medically necessary.

