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| Case Number: | CM15-0016162 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 02/02/2001 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/20/2015 |
| Priority: | Standard | Application Received: | 01/28/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained an industrial injury on February 2, 2001. She has reported severe neck pain in the neck that radiates into both arms and upper chest and has been diagnosed with cervical radiculopathy secondary to 4 mm instability and disc herniation at C3-4. Treatment has included medical imaging, medications, physical therapy, and trigger point injections. Currently the injured worker complains of pain that radiates into the upper thoracic area and the hands. The treatment plan has included surgery and medications. On January 20, 2015 Utilization Review non certified 30 tablets of celebrex 200 mg and 90 lidoderm patches 5 % citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: This patient presents with chronic neck pain that radiates into the upper thoracic area with associated hypersensitivity and numbness in the right and left hand. The treating physician has recommended the patient undergo an anterior cervical discectomy and fusion at C3-C4. The current request is for Celebrex 200 mg #30. The utilization review denied the request stating that given the patient's symptoms, the requested medications are recommended; however, given the chronicity of symptoms, information is needed about the prior pharmacological therapy and the patient's current medication. The MTUS Guidelines page 22 support NSAID for chronic LBP, but for Celebrex, it states, COX-2 inhibitors, e.g. Celebrex may be considered if the patient has a risk of GI complaints, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risk when used for less than 3 months, but a 10-to-1 difference in cost. The medical file provided for review includes 1 progress report dated 01/05/2014. This report states that recommendation is made for the patient to start using Celebrex. This is an initial request for medication. In this case, there is no evidence that the patient has trialed other NSAID; however, the patient's injury dates back to 2001 and there may be adequate trial of various NSAIDs. The trial use of Celebrex may be appropriate for this patient given the patient's chronic neck pain. The requested Celebrex is medically necessary.

Lidoderm patches 5% #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine; Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm

Decision rationale: This patient presents with chronic neck pain that radiates into the upper thoracic area with hypersensitivity and numbness in the right and left hand. The current request is for Lidoderm patches 5% #90. The MTUS Guidelines page 57 states: Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of trial of first-line therapy (tricyclic or SNRI antidepressants, or AED such as gabapentin or Lyrica). The MTUS page 112 also states: recommended for localized peripheral pain. When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is evidence of localized pain that is consistent with neuropathic etiology. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting the pain and function. The medical file provided for review includes 1 progress report dated 01/05/2014. According to this report, the treating physician recommends that the patient starts using Lidoderm patches 5% 3 times a day. This is an initial request for medication. In this case, the treating physician does not document peripheral pain that is neuropathic and localized, as required by MTUS Guidelines for the use of Lidoderm patches. The requested Lidoderm patches are not medically necessary.

