

Case Number:	CM15-0017519		
Date Assigned:	02/05/2015	Date of Injury:	04/25/2009
Decision Date:	03/25/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/29/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 72 year old female who sustained a work related injury on April 25, 2009, after a fall fracturing her right elbow and injuring her back and neck. Treatments included elbow surgery, physical therapy, aquatic therapy and medications. Diagnoses included spondylolisthesis, lumbar disc disorder, lumbar sprain and lumbago. Currently, in January, 2015, the injured worker complained of right shoulder, elbow, neck and back pain. Diagnoses included osteoarthritis of the elbow, degenerative arthritis of the shoulder, cervical and lumbar spondylosis and cervical degenerative disc disease. Treatments included were a home exercise program, ice, anti-inflammatory drugs and physical therapy. On February 5, 2015, a request for a prescription of Celebrex 200mg, #60, 30 day supply was modified to Celebrex 100mg twice a day for 14 days for a total of #28 tablets; and Voltaren Gel 1% #500 31 days was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule.

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 Page(s): 67. Decision based on Non-MTUS Citation odg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs Page(s):) 22, 30, 70. Decision based on Non-MTUS Citation) Pain, NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: Anti-inflammatory medications are the traditional first line treatment for pain, but COX-2 inhibitors (Celebrex) should be considered if the patient has risk of GI complications, according to MTUS. The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications. Risk factors for GI bleeding according to ODG include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID (e.g., NSAID + low-dose ASA). The medical documents do not indicate that the patient is being treated for osteoarthritis. The treating physician does not document failure of primary (Tylenol) treatment and of the patient being at high risk for GI complications. As such, the request for Celebrex 200mg #60 is not medically necessary.

Voltaren gel 1%, #500: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS specifically states for Voltaren Gel 1% (diclofenac) that is it Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In addition the treating physician did not detail a trial and failure of first line oral agents. As such, the request for Voltaren gel 1%, #500 is not medically necessary.