

<b>Case Number:</b>	CM15-0018350		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old male sustained an industrial injury on 6/13/14, with subsequent ongoing low back pain. X-rays of the lumbar spine (11/16/14) showed multilevel degenerative disc disease. Magnetic resonance imaging lumbar spine (12/8/14) showed spondylosis at L4-5 and a small bulge at L5-S1. In a PR-2 dated 12/19/14, the injured worker complained of pain to the lumbar spine 8-9/10 on the visual analog scale without medications and 5/10 with medications associated with numbness and tingling to the left lower extremity. The physician noted that the injured worker had been having some gastrointestinal discomfort with pain medications but the proton pump inhibitor helped. Physical exam was remarkable for mild weakness and numbness at the left L5 and S1 dermatome, positive straight leg raise and bowstring on the left, slightly antalgic gait, tenderness to palpation to the lumbar spine with muscle spasms and lumbar spine range of motion decreased by 30%. The treatment plan included refilling medications (Naproxen, Protonix, Flexeril and Ultram). On 1/29/15, Utilization Review noncertified a request for Celebrex 200mg #30 and Lidoderm 5% patches #30 per 01/16/15 Rx noting no documented gastrointestinal risk factors indicating the need for Celebrex over another NSAID and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 per 01/16/15 Rx:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

**Decision rationale:** The patient is 47 years old. There is no documentation of peptic ulcer disease or GI bleeding. There is no documentation of a high risk for GI bleeding - not 65 years of age or older, not on anticoagulants/ASA, and no history of GI bleed. There is no documentation to support the use of Celebrex over other NSAIDS available to the patient.

**Lidoderm 5% patches #30 per 01/16/15 Rx:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111,112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56 - 57.

**Decision rationale:** According to MTUS guidelines, Lidoderm patch is only FDA approved for the treatment for post herpetic neuralgia. It is not FDA approved nor is it first line therapy for radiculopathy or neuropathic pain. The patient with neuropathy should first be treated with Neurontin or Lyrica and then if necessary Lidoderm patch is added as needed. The patient is not being treated with Neurontin or Lyrica and there is no documentation of neuropathic pain. He has numbness along a dermatome but no pain documented. Lidoderm is not medically necessary for this patient.