

Case Number:	CM15-0116948		
Date Assigned:	06/25/2015	Date of Injury:	08/28/2007
Decision Date:	08/25/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/17/2015

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: Anesthesiology

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 58-year-old male, who sustained an industrial injury on 8/28/2007. He reported right wrist pain after being assaulted by another employee. The injured worker was diagnosed as having mild to moderate carpal tunnel syndrome on the right, hand pain, wrist pain, lumbar radiculopathy, lumbar spine degenerative disc disease, lumbar spinal stenosis, and spondylolisthesis. Treatment to date has included medications, lumbar spine epidural steroid injections (11/13/2009, 7/29/2011, 4/19/2013, 4/4/2014), electro diagnostic studies (2/26/2013), and urine drug screening. The request is for Celebrex and Voltaren 1% gel. On 5/6/2015, he complained of right wrist and hand pain with tingling over the right wrist, hand, and fingers, along with wrist stiffness. He rated his pain as 3/10 with medications, and 7/10 without medications. He reported no changes in location of pain, and denied symptoms other than pain. He indicated there were no new problems or side effects, and that his sleep was fair. He is currently not trying other therapies for pain relief. He reported participation in community activities for at least 6 hours/day, although he reported his activity level to be decreased. He indicated he was frustrated due to having been without his medications, leaving him unable to manage his pain. He reported that when he has his medications his pain is well controlled. He is authorized for a right wrist injection to be done in June 2015. His current medications are Lyrica, Voltaren 1% gel, Aciphex DR, Lidoderm 5% patches, Norco, Robaxin, Celebrex, Lopressor, Lotensin, and Clonidine HCL. Physical examination revealed a right wrist splint, restricted range of motion with palmar flexion at 30 degrees, dorsiflexion at 30 degrees, ulnar deviation 20 degrees, and radial deviation at 20 degrees. There is a positive Tinel's sign, and tenderness is noted over the right wrist area. The low back is noted to be a separate case.

The treatment plan included Lyrica, Voltaren gel, Flector patch, and a re-trial for Celebrex. He is noted to be medically cleared by his primary medical doctor and a controlled blood pressure. His current blood pressure is 132/80. His quality of life is noted to be increased with the use of medications, noting that he is able to perform household tasks including cooking, cleaning and self-care for 30-45 minutes or greater at a time. The provider noted that without medications the injured worker is unable to perform these tasks or is limited to 10 minutes or less.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg Qty 30: Upheld

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 Celebrex Page(s): 30.

Decision rationale: Per the CA MTUS guidelines, Celebrex (Celecoxib) is considered NSAID (non-steroidal anti-inflammatory drug that is a COX-2 selective inhibitor, a drug that directly targets COX-2, and enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celecoxib does not appear to interfere with the anti-platelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. According to the CA MTUS, all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Per the CA MTUS guidelines, the duration of continued medication treatment for chronic pain depends on the physician's evaluation of progress toward treatment objectives, efficacy, and side effects. The CA MTUS guidelines recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of gastrointestinal (GI) complications. The records do not indicate a history of or current issues with the gastrointestinal system. The records do indicate that there is a functional improvement. The records indicate Celebrex to have been trialed previously; however, they do not indicate the efficacy of this trial, or the reason for a re-trial in this case. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

Voltaren 1% gel, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain- Diclofenac, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac; NSAIDs (non-steroidal anti-inflammatory drugs); Topical analgesics Page(s): 43, 67-73, 111-113.

Decision rationale: Per the CA MTUS guidelines, Voltaren (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID). The CA MTUS guidelines indicate topical analgesics are recommended as an option for osteoarthritis and tendinitis of the knee, ankle, elbow, foot, hand, and wrist, for short-term use (4-12 weeks). It is not recommended for osteoarthritis of the spine, hip or shoulder. It is unclear when the requested Voltaren gel was originally prescribed, and what specific body part it is to be applied. The prescription for the Voltaren gel states to apply 2-3 times per day to the affected body part. The records do indicate that Voltaren gel has been utilized since at least December 2014. Therefore, the request for Voltaren 1% Qty 1, does not meet the CA MTUS guideline requirements and is not medically necessary.