

Case Number:	CM15-0121902		
Date Assigned:	07/06/2015	Date of Injury:	09/25/1997
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/24/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 71 year old female patient who sustained an industrial injury on 09/27/1997. Mechanism of injury was repetitive trauma. Diagnoses include left upper extremity repetitive strain injury, left shoulder tendinitis, neck, left wrist tendinitis, bilateral carpal tunnel syndrome, and left DeQuervain's tenosynovitis. Per the physician progress note dated 05/28/2015, she had complaints of neck and left upper extremity pain at 5-8/10. The physical examination revealed tenderness about her upper back and neck, neck rotation both side 15 degrees, shoulder raise 140 degrees with stiffness, elbow flexion/extension 100 %, intact grip, hypertrophic changes about her knuckles and joints and tenderness to the left first metacarpal base and around the snuffbox not necessarily carpal metacarpal joint, intact pinch with carpal tunnel compression. The medications list includes Celebrex, Cosamin DS, Lidocaine 5% patch, Prilosec, Voltaren 1% transdermal gel, Oxycodone/Acetaminophen, and Dendracin Neurodendracin topical. Treatment to date has included diagnostic studies, medications, Thermacare Arthritis hand and physical therapy. Treatment requested is for Celebrex 200mg 60 count 2 refills, Dendracin lotion 1 count, 2 refills, and Tylenol with codeine #30 Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion 1 count, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics, pages 111-113 Dendracin lotion contains methyl salicylate, benzocaine and menthol. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." 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." Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended." Topical salicylate like methyl salicylate is recommended. However there is no high grade scientific evidence for its use as a compounded medication with other topical analgesics. Evidence of failure of antidepressants and anticonvulsants was not specified in the records provided. Any intolerance or lack of response of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol is recommended by the CA MTUS, Chronic pain treatment guidelines. The request for Dendracin lotion 1 count, 2 refills is not medically necessary or established for this patient.

Celebrex 200mg 60 count 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page 22 Celebrex, Page 30.

Decision rationale: Celebrex contains Celecoxib which is a non steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients." According to the cited guidelines Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. In addition per the cited guidelines COX-2

inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. Failure of generic NSAIDs like ibuprofen or naproxen is not specified in the records provided. The request for Celebrex 200mg 60 count 2 refills is not medically necessary or fully established for this patient at this time.

Tylenol with codeine #30 qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page 75-80.

Decision rationale: Codeine is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and functions continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant, anticonvulsant or lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The request for Tylenol with codeine #30 qty 60 is not medically necessary or established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.