

Case Number:	CM15-0126264		
Date Assigned:	07/10/2015	Date of Injury:	06/25/2004
Decision Date:	08/13/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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 47 year old male patient who sustained an industrial injury on June 25, 2004. The diagnoses include right leg sprain /strain and ankle sprain /strain. Per the doctor's note dated 2/27/15, he had persistent pain. The physical examination revealed knee tenderness, right calf tenderness and right Achilles tenderness, tender gait and loaded weight cautiously. The medications list includes Duloxetine, celecoxib, and pensaid. Prior diagnostic study reports were not specified in the records provided. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Duloxetine 60mg #30 (Unknown DOS): 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 Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta), page 15.

Decision rationale: Cymbalta contains duloxetine which is Selective serotonin and norepinephrine reuptake inhibitors (SNRIs). Per the Chronic Pain Medical Treatment Guidelines MTUS, duloxetine is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia, used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." Per the records provided patient had right knee pain. Evidence of neuropathic pain is not specified in the records provided. Evidence of anxiety, depression or diabetic neuropathy is not specified in the records provided. Evidence of chronic pain with radiculopathy/ neuropathy is not specified in the records provided. The request for Retro Duloxetine 60mg #30 (Unknown DOS) is not medically necessary or fully established for this patient.

Retro Celecoxib 200mg #45 (Unknown DOS): Upheld

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

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 (with dose, duration and side effect) is not specified in the records provided. The request for Retro Celecoxib 200mg #45 (Unknown DOS) is not medically necessary or fully established for this patient at this time.

Retro Pensaid 2% #1 (Unknown DOS): 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 Topical Analgesics, pages 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Diclofenac, topical (Flector, Pennsaid, Voltaren Gel).

Decision rationale: Pennsaid contains diclofenac. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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." Evidence of neuropathic pain is not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. In addition, according to the ODG guidelines, topical diclofenac is "Not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs, after considering the increased risk profile with diclofenac". The request for Retro Pensaid 2% #1 (Unknown DOS) is not medically necessary or fully established for this patient at this juncture.