

Case Number:	CM15-0171274		
Date Assigned:	09/11/2015	Date of Injury:	11/17/2000
Decision Date:	10/15/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/31/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 82-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 17, 2000. On August 25, 2015, the claims administrator failed to approve a request for oral Celebrex and Voltaren gel. The claims administrator referenced a June 25, 2015 office visit in its determination. Non-MTUS ODG Guidelines were invoked regarding Celebrex, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. On August 25, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using a walker to move about. The applicant was trying to remain active, it was suggested in one section of the note but apparently reported difficulty doing so. Celebrex, Lidoderm, and Voltaren gel were endorsed. The applicant had undergone earlier failed lumbar spine surgery, it was reported. The attending provider stated that she would not manage the applicant's opioids, noting that the applicant was apparently receiving Norco from another provider. The applicant's work status was not explicitly stated. On August 21, 2015, the applicant reported severe low back pain complaints, 8-9/10. On June 25, 2015, the applicant reported ongoing complaints of low back pain, 8/10. The applicant had undergone earlier failed lumbar spine surgery, it was acknowledged. The applicant was receiving Norco from multiple providers over the preceding two to three months, it was reported. The applicant was asked to continue Lidoderm, Neurontin, and Celebrex. The attending provider expressed concern over the applicant's concomitant usage of opioids from multiple providers. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Celebrex cap 200mg #30: 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 section.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Introduction.

Decision rationale: No, the request for Celebrex, a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex may be indicated in applicants who are at heightened risk for developing GI complications, here, however, the June 25, 2015 progress note at issue made no mention of the applicant having had current and/or historical issues with GI complications which would have compelled provision of Celebrex in favor of nonselective NSAIDs. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines further stipulates that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not reported on June 25, 2015 office visit in question. The applicant reported pain complaints as high as 8/10 on that date. Ongoing use of Celebrex failed to curtail the applicant's dependence on opioid agents such as Norco, it was acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Pharmacy purchase of Voltaren gel 1% #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Similarly, the request for Voltaren gel, a topical NSAID, was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the lumbar spine. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren gel has "not been evaluated" for treatment of the spine, i.e., the sole pain generator here. The attending provider failed to furnish a clear or compelling rationale for provision of Voltaren gel for a body part for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

