

Case Number:	CM15-0171511		
Date Assigned:	09/11/2015	Date of Injury:	06/07/2013
Decision Date:	10/09/2015	UR Denial Date:	08/28/2015
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: Arizona, 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 55 year old male with a date of injury on 6-7-2013. A review of the medical records indicates that the injured worker is undergoing treatment for radicular syndrome of lower limbs and low back pain. Medical records (4-21-2015 to 7-22-2015) indicate ongoing and progressive pain in his low back, left buttock and lower leg as well as progressive weakness of his left lower leg. Per the treating physician (7-22-2015), the employee has not returned to work. Per the 7-22-2015 progress report, the pain index was 4. The injured worker reported analgesia from medication consumption and reported increased activities of daily living derived from medication use. Treatment has included epidural steroid injection, cognitive behavioral therapy and medications. The injured worker was prescribed Celebrex and Lidoderm patches since at least 2-24-2015. Other medications include Valium, Zanaflex and Motrin. The request for authorization dated 8-21-2015 for report 7-22-2015 was for Celebrex and Lidoderm patches. The original Utilization Review (UR) (8-28-2015) non-certified requests for Celebrex and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Celebrex (Celecoxib) 200mg QTY 60 DOS: 7/22/2015: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. The claimant had been on Celebrex for several months. Pain scores were not routinely noted. Celebrex on 7/22/15 is not medically necessary.

Retrospective Lidoderm (Lidocaine HCl) 5% adhesive patches DOS: 7/22/2015: 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): Lidoderm (lidocaine patch).

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The use of Lidoderm did not reduce the use of NSAIDs. The request for continued and long-term use of Lidoderm patches as above on 7/22/15 is not medically necessary.