

Case Number:	CM15-0172998		
Date Assigned:	09/15/2015	Date of Injury:	10/04/2012
Decision Date:	12/01/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/02/2015

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, California
 Certification(s)/Specialty: Emergency 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 injured worker is a 73 year old female, who sustained an industrial injury on 10-4-2012. The medical records submitted for this review did not document details regarding the initial injury. Diagnoses include chronic low back pain, cervical, thoracic, and lumbar discogenic disease, cervical radiculopathy, chronic cervical spine sprain-strain, and bilateral knee degenerative joint pain. Treatments to date include activity modification, wheeled walker, brace, home exercise, chiropractic therapy, acupuncture treatments and home TENS unit. Currently, she complained of ongoing pain in the mid back, neck, knee, low back, and bilateral elbow. On 8-19-15, the physical examination documented decreased range of motion in cervical and lumbar spine. The right leg was unable to move at times. There was thoracic muscle spasm with positive interscapular pain. The appeal requested authorization for Celebrex 200mg #60; Capsaicin Cream #1; and bilateral L3-S1 facet blocks x 1 per order dated 7-16-15. The Utilization Review dated 9-1-15, denied the request indicating documentation did not support medical necessity per California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: 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, NSAIDs, specific drug list & adverse effects.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific functional benefit. Systemic toxicity is possible with NSAIDs. Documentation states the IW is using Motrin and Celebrex "not together." It is unclear the frequency that each of these NSAIDs are being used. Additionally, there is no clear documentation of functional improvement related to the use of these medications. In addition, the FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Celecoxib has an elevated cardiovascular risk profile. The treating physician has not provided the specific indications for this NSAID over those with a better cardiovascular profile. Celebrex is not medically necessary based on the lack of sufficient and specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Capsaicin cream #1: 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): Capsaicin, topical, Topical Analgesics.

Decision rationale: CA MTUS guidelines state capsaicin "is recommended only an option in patients who have not responded or are intolerant to other treatments." The submitted documentation does not support the IW had tried and failed other treatments prior to Capsaicin. Additionally, progress reports do not include response to application of the cream. The request does not include the intended location of application nor does it include frequency. The request is not specific and not in accordance with CA MTUS guidelines, it is not medically necessary.

Left L3-L4 facet block qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Back: Facet joint injections.

Decision rationale: CA MTUS is silent on this topic. ODG guidelines cited above recommend facet injections as a diagnostic study if facet neurotomy is planned. There is no documentation in the submitted chart material to support that a neurotomy is planned for this patient. Alternatively, facet injections with steroids are sometimes employed for therapeutic purposes. The ODG

guidelines do not recommend this procedure citing the lack of quality studies to support this use. The documentation supports the IW has previously had injection requested. It is unclear if the injections occurred or any benefit from them. The chart does not include the states purpose or intentions of this procedure. Without this, the request for cervical facet injections is not medically necessary.

Right L3-L4 and bilateral L4-L5 and L5-S1 facet blocks qty: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Back: Facet joint injections.

Decision rationale: Ca MTUS is silent on this topic. ODG guidelines cited above recommend facet injections as a diagnostic study if facet neurotomy is planned. There is no documentation in the submitted chart material to support that a neurotomy is planned for this patient. Alternatively, facet injections with steroids are sometimes employed for therapeutic purposes. The ODG guidelines do not recommend this procedure citing the lack of quality studies to support this use. The documentation supports the IW has previously had injection requested. It is unclear if the injections occurred or any benefit from them. The chart does not include the states purpose or intentions of this procedure. Without this, the request for cervical facet injections is not medically necessary.