

Case Number:	CM15-0173781		
Date Assigned:	09/15/2015	Date of Injury:	01/28/2014
Decision Date:	10/22/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/03/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old female who sustained an industrial injury on 1-28-14. The injured worker reported left shoulder pain. A review of the medical records indicates that the injured worker is undergoing treatments for shoulder strain, impingement syndrome. Medical records dated 6-22-15 indicate left shoulder pain rated at 7 out of 10. Provider documentation dated 6-22-15 noted the work status as "continue temperature modified work pending re-evaluation." Treatment has included magnetic resonance imaging (March 2014), physical therapy, acupuncture treatment, massage therapy, transcutaneous electrical nerve stimulation unit, medication management, Celebrex since at least May of 2015, Lidocaine patch since at least May of 2015 and ibuprofen since at least March of 2015. Objective findings dated 6-22-15 were notable for decreased range of motion to left shoulder, tenderness to palpation at the left acromioclavicular joint. The original utilization review (8-24-15) denied a request for Celebrex 200 milligrams quantity of 30 with 2 refills and Lido gel 3% with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, #30 with 2 refills: 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).

Decision rationale: Per MTUS CPMTG p 70, Celebrex is used for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. It works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. The documentation submitted for review contains no evidence that the injured worker was refractory to treatment with ibuprofen or naproxen. The MTUS supports the use of Cox-2 inhibitors for individuals with an increased risk or history of GI complications. The documentation did not note any history of GI complications, or risk factors for GI complications. While it is noted that NSAIDs are clinically indicated for this claimant, the requested Celebrex is not supported by the guidelines. This request is considered not medically necessary.

Lido gel 3% with 2 refills: 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: The MTUS Chronic Pain Medical Treatment Guidelines p 112 states "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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. Furthermore, topical lidocaine is only recommended for use in patch form as lidoderm. The request is not medically necessary.