

<b>Case Number:</b>	CM15-0177796		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	03/05/2010
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 67 year old female, who sustained an industrial injury on 03-05-2010. She has reported injury to the neck, right shoulder, right leg, and left ankle. The injured worker has been treated for chronic neck pain; right shoulder pain; adhesive capsulitis; carpal tunnel syndrome; lumbago; lumbar radiculopathy; insomnia; and myofascial pain syndrome. Treatment to date has included medications, diagnostics, activity modifications, psychotherapy, and home exercise program. Medications have included Ultracet, Neurontin, Tylenol, Tylenol with Codeine, Famotidine, Celebrex, Trazodone, and Voltaren gel. A progress report from the treating physician, dated 08-20-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lower extremity pain; right shoulder pain is worse; the right leg pain is shooting and radicular; the leg goes to sleep and hard to pull all weight; she has not been able to obtain her medication; the medication helps very much; she is not working now; she is seeing a psychiatrist; today, she is complaining of neck pain (trapezius), shoulder pain, and low back pain; she has been taking Celebrex, but she much prefers the Voltaren gel; she is currently tolerating medications well without difficulty or side effects; and the medication helps her pain, with greater than 80% improvement in function and pain. Objective findings included moderate distress; right shoulder tenderness, most sensitive on right lateral shoulder and with supraspinatus loading, and very limited range of motion; she cannot abduct more than 80 degrees or flex more than 80 degrees; bilateral lumbar tenderness and pain; diminished flexion and extension, restricted by pain; straight leg raise is positive on the right; gait is antalgic and guarded; and she is complaining of foot pain. The treatment plan has included the request for

Celebrex 100mg #30; Trazodone 50mg #60 with 2 refills; and Voltaren gel 1% #1 tube with 2 refills. The original utilization review, dated 08-28-2015, non-certified a request for Celebrex 100mg #30; Trazodone 50mg #60 with 2 refills; and Voltaren gel 1% #1 tube with 2 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Celebrex 100mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per MTUS CPMTG p70, 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 MTUS supports the use of Cox-2 inhibitors for individuals with an increased risk or history of GI complications. The documentation did note that the injured worker had severe GI upset with ibuprofen even when she took Pepcid. I respectfully disagree with the UR physician's denial based upon a lack of documented arthritis, NSAIDs are indicated for moderate to severe pain. The request is medically necessary.

#### **Trazodone 50mg #60 with 2 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." I respectfully disagree with the UR physician's assertion that the documentation submitted for review had no indication of neuropathic pain. Per progress report dated 8/20/15 it was noted that the injured worker has shooting, radicular right leg pain. It was noted that the medication helps very much, with greater than 80% improved function and pain. The request is medically necessary.

#### **Voltaren gel 1% #1 tube 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:** With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The request is not medically necessary.