

Case Number:	CM15-0046386		
Date Assigned:	05/05/2015	Date of Injury:	11/07/2005
Decision Date:	06/05/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/11/2015

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 53-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 27, 2005. In a Utilization Review report dated February 9, 2015, the claims administrator failed to approve requests for Celebrex, Lidoderm patches and Xanax. The claims administrator referenced a RFA form received on February 10, 2015 in its determination. The applicant's attorney subsequently appealed. On October 29, 2014, the applicant reported ongoing complaints of neck pain, elbow pain and shoulder pain. The applicant was using topical compounds, oxycodone and Xanax. The applicant had significant complaints of anxiety; it was reported at this point in time. The applicant had developed dysphagia following earlier cervical spine surgery, it was suggested. The applicant's pain complaints appeared to be worsening. The applicant was quite depressed and frustrated. Psychiatric consultation was endorsed. The applicant was seemingly returned to regular duty work, however. On December 8, 2014, the applicant was again returned to regular duty work. Ongoing complaints of neck, shoulder, and elbow pain were reported. The note was difficult to follow and mingled historical issues with current issues. The applicant was using Lidoderm patches and a TENS unit, it was acknowledged. The applicant had previously failed Elavil and Neurontin, it was reported. Medial branch blocks were sought, it was acknowledged. On February 10, 2015, the applicant reported ongoing complaints of neck and shoulder pain. Once again, the applicant was returned to regular duty work. Trigger point injections were proposed, along with additional physical therapy. The note was difficult to follow. The attending provider did suggest that the applicant's current medication regimen, which included oxycodone,

Lidoderm, patches, and Celebrex, was proving beneficial. The attending provider stated that the applicant had failed and/or developed side effects with Mobic, Naprosyn, Motrin, and Voltaren gel before Celebrex had been introduced. The attending provider contended that Lidoderm patches were diminishing the applicant's opioid consumption. The attending provider acknowledged that the applicant was using Xanax for anxiolytic effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #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 Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex can be considered in applicants who are at risk of GI complications with non-selective NSAIDs. Here, the attending provider's documentation and progress note of February 10, 2015, did suggest that the applicant had developed side effects with and/or failed non-selective NSAIDs such as Mobic, Naprosyn and Motrin. The attending provider then stated that ongoing usage of Celebrex had effectively attenuated the applicant's pain complaints and had helped the applicant return to and/or maintain full-time work status. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Lidoderm Patches 5%, #2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. Here, the attending provider did seemingly suggest that the applicant had tried and/or failed Neurontin, an anticonvulsant adjuvant medication and Elavil, an antidepressant adjuvant medication, prior to introduction of Lidoderm patches. The attending provider stated that ongoing usage of Lidoderm patches had proven effective and had attenuated the applicant's need for opioid agents such as oxycodone. The applicant had maintained full-time work status with ongoing Lidoderm patches, the attending provider maintained. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Xanax 1mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for brief periods in cases of overwhelming symptoms, here, however, the applicant had seemingly been using Xanax for a minimum of several months to several years as of the date of the request, for anxiolytic effect. This was not an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.