

Case Number:	CM15-0068939		
Date Assigned:	04/16/2015	Date of Injury:	05/03/2011
Decision Date:	05/21/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/10/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 70-year-old male, who sustained an industrial injury on 6/03/2001. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar pain, compensatory to knee injury; status post left total knee arthroplasty, and status post right total knee arthroplasty. Treatment to date has included surgical interventions and conservative measures. Currently, the injured worker complains of right knee, foot pain (rated 6/10), and pain in his left foot (rated 4/10). He was currently doing work and was made to walk over an extended period of time. Current medication use included Tramadol, Celebrex, and topical compound cream. He walked with a minimal limp and was not using his knee brace. The treatment plan included continued Celebrex and a neuropathic pain compound. The previous PR2 report, dated 12/19/2014, noted pain level at 5/10 with medications, and 8/10 with activity. Medication use at that time included Norco and Diclofenac. A prior utilization review on 3/13/15 allowed for a one-month supply of Celebrex, because of the patient's hypertension felt it was best to have ongoing monthly checks for problems with the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the documentation available for review, there is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events with no cardiovascular disease. In the absence of such documentation, the currently requested Celebrex is not medically necessary.

Gaba, Cyclo, Keto, Caps, Menth, Camp cream 10/4/10/0.0375/5/2%, 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications; Gabapentin, topical; Other muscle relaxants; Topical NSAIDs; Capsaicin, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Gaba, Cyclo, Keto, Caps, Menth, Camp Cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Topical ketamine is "Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Within the documentation available for review, none of the abovementioned criteria has been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Gaba, Cyclo, Keto, Caps, Menth, Camp Cream is not medically necessary.