

<b>Case Number:</b>	CM15-0074225		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2015

### 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

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 injured worker is a 50 year old male, who sustained an industrial injury on 4/23/2003. He reported a fall on his leg with injury to his right knee. The injured worker was diagnosed as having degenerative joint disease of the right knee. Treatment to date has included diagnostics, physical therapy, right knee arthroscopic surgery in 2007, and medications. Celebrex was prescribed in 6/2014 for pain and inflammation. Currently, the injured worker complains of persistent right knee pain, rated 6/10, with radiation to the right lateral thigh (mostly numbness and tingling type). Gastrointestinal complaints were positive for reflux. The treatment plan included refill of Celebrex and prescribed Lidocaine gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Celebrex 100mg, #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Section NSAIDs, Specific Drug List and Adverse Effects Section Page(s): 22, 67-71.

**Decision rationale:** The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Per the MTUS Guidelines, the use of selective COX-2 NSAIDs such as Celebrex is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylosis. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for 1 prescription of Celebrex 100mg, #60 with 3 refills is determined to not be medically necessary.

**1 prescription of Lidocaine gel 2% 2-4gm with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

**Decision rationale:** Topical lidocaine is used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. The request for 1 prescription of Lidocaine gel 2% 2-4gm with 3 refills is determined to not be medically necessary.