

Case Number:	CM15-0091003		
Date Assigned:	05/15/2015	Date of Injury:	11/01/2012
Decision Date:	08/04/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old male with an industrial injury dated 11/01/2012. Her diagnosis was status post cubital tunnel release. Prior treatment included physical therapy, home exercise program, surgery and medications. She presented on 02/23/2015 for follow up. Left carpal tunnel symptoms had subsided significantly since the last visit. She was experiencing near normal sensation on the left hand median nerve distribution. She still complained of numbness along the left ulnar nerve distribution. Both carpal and cubital tunnel release incisions were well healed and there was no obvious intrinsic atrophy on the left hand. Wartenberg sign and Froment test of the left hand were negative. Grip strength had improved since last visit. The treatment request is for Celecoxib 100 mg #90 and Lidocaine pad 5% #90 with one (1) refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #90 with one (1) refill: Upheld

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 Lidoderm (lidocaine patch)- Page(s): 56.

Decision rationale: Lidocaine pad 5% #90 with one (1) refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state that topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of all first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons, the request for Lidoderm Pad 5% is not medically necessary.

Celecoxib 100 mg #90: Upheld

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 and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22 and 67-73.

Decision rationale: The MTUS states that COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The MTUS states that there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment ,elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for Celebrex is not medically necessary per the documentation submitted. The documentation indicates that on 2/18/15 the patient was seen for follow up and states that she is taking Celebrex with only mild relief of pain. Therefore, the request for continued Celebrex is not medically necessary.