MAXIMUS Federal Services

Case Number:	CM15-0096322		
Date Assigned:	05/26/2015	Date of Injury:	03/12/2007
Decision Date:	06/24/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/19/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 49 year old female, who sustained an industrial injury on 3/12/2007. She reported repetitive use. The injured worker was diagnosed as having neck pain, shoulder pain, chronic pain syndrome, myofascial pain, depression, elbow pain, and hand pain. Treatment to date has included medications, home exercise program, and physical therapy. The request is for Celebrex, and Lidocaine ointment. On 3/26/2015, she reported having spent some time in a hotel bed that had increased her blow back and thoracic pain, and that she had not worked since 2010. She had continued bilateral shoulder, and elbow pain, and left hand pain and weakness. She reported feeling that therapy had been helpful with decreasing her pain. On 4/15/2015, she complained of neck pain with bilateral shoulder pain, bilateral elbow pain, and left hand pain with weakness. She has a history of bilateral "frozen" shoulders. Relafen and Lodine are noted to have caused diarrhea, Mobic is noted to have be as effective as Celebrex, and Naprosyn and Ibuprofen cause stomach pain even with the use of Pepcid. The records note Celebrex alleviates her pain, and when she does not have it she experiences increased pain in the left shoulder, left elbow and hand. Her neck pain is noted to be rated 7/10, and fluctuating in intensity. She reported burning searing pain with spasm of the shoulder blade/scapular area and for this the provider indicated he would like to try Lidocaine ointment as patches had provided relief in the past for this pain. The treatment plan included: adding Pepcid, occupational therapy, Celecoxib, and Lidocaine ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100 mg Qty 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. Pain level was 8/10 but reduction with medication was not routinely noted. The Celebrex was used in combination with Tylenol #3 (Codeine- opioid). Although other NSAIDS caused stomach pain or diarrhea, the chronic and extended future use Celebrex (without knowing future pain response) is not medically necessary.

Lidocaine 5% ointment with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). The claimant did not have the above diagnoses. There was no significant reduction in oral analgesic use while on Lidocaine. The request for continued and long-term use of Lidocaine 5% as above is not medically necessary.