

Case Number:	CM13-0064040		
Date Assigned:	01/03/2014	Date of Injury:	12/10/2009
Decision Date:	11/25/2015	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/11/2013

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:

This 55 year old female sustained an industrial injury on 12-10-09. Documentation indicated that the injured worker was receiving treatment for lumbar, thoracic and cervical spine sprain and strain. Magnetic resonance imaging cervical spine (4-5-13) showed multilevel foraminal stenosis with osteophyte complexes. Previous treatment included lumbar discectomy (2011), physical therapy, injections and medications. In an initial evaluation dated 10-7-13, the injured worker complained of constant low back pain, rated 9 out of 10 of 10 on the visual analog scale with radiation down the right leg associated with numbness and tingling. The injured worker also complained of ongoing gastrointestinal complaints. Current medications were documented as Tramadol, Flexeril, Voltaren, Methadone gel, Metformin and Amlodipine. The physician diagnosed the injured worker with chronic pain syndrome. The physician recommended discontinuing Voltaren, continuing other medications and a course of pain counseling with cognitive behavioral therapy. In a PR-2 dated 11-11-13, the injured worker complained of low back pain with radiation down the right leg, rated 9 out of 10 out of 10 on the visual analog scale. The injured worker had discontinued Tramadol due to gastrointestinal upset. The injured worker was taking Neurontin at bedtime but it did not help her sleep and was causing daytime drowsiness. Physical exam was remarkable for lumbar spine with "limited" range of motion and decreased sensation in the L4-5 distribution and moderate tenderness to palpation to the lumbar spinous process and right sacroiliac joint with spasms. The physician requested authorization for a trial of Celebrex and Lidoderm patches. On 12-14-13, Utilization Review non-certified a request for Lidoderm patch 5% #60 and Celebrex 200 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Lidoderm Patch 5% #60 (prescription dated 11/11/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Regarding request for prescription of Lidoderm Patch 5% #60 (prescription dated 11/11/13), Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is indication that the patient has failed some first-line therapy recommendations but not SNRIs. Additionally, there is no documentation of objective localized peripheral pain as recommended by guidelines. As such, the currently requested prescription of Lidoderm Patch 5% #60 (prescription dated 11/11/13) is not medically necessary.

Prescription of Celebrex 200MG, #30 (prescription dated 11/11/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for prescription of Celebrex 200MG, #30 (prescription dated 11/11/13), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Guidelines also state there is no evidence to recommend one drug in this class over another based on efficacy. Within the documentation available for review, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Additionally, there is no indication that Voltaren or any other NSAID was providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested prescription of Celebrex 200MG, #30 (prescription dated 11/11/13) is not medically necessary.