

Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/26/2013

Date of Injury:

6/3/2007

IMR Application Received:

8/9/2013

MAXIMUS Case Number:

CM13-0008949

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Celecoxib (Celebrex) 200 mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone/Acetamin (Norco) is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/9/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Celecoxib (Celebrex) 200 mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone/Acetamin (Norco) is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This 66-year-old was injured 6/3/07. Mechanism of injury is not stated per the available medical records. The available medical records dated 6/8/13-9/16/13 state that the patient has chronic right wrist pain and that the patient has had a prior right wrist fusion. Objective: right wrist decreased range of motion, right wrist pain with tenderness to palpation. Diagnosis: right wrist internal derangement. Treatment plan and request: Celebrex, Norco.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Celecoxib (Celebrex) 200 mg :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 70, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 68 – 70, which is part of the MTUS.

Rationale for the Decision:

Per the MTUS guidelines, chronic NSAID use is not recommended for internal derangement/ osteoarthritis of the wrist joint. The employee has reported chronic right wrist pain since date of injury and has been diagnosed with right wrist internal derangement of the joint and has had a surgical wrist fusion with continued chronic pain. The employee has been treated chronically with Norco and Celebrex. No treating physician reports adequately address the specific indications for ongoing use of a cox-2 selective inhibitor. There is no documentation that the employee is at high risk of a gastrointestinal event necessitating the use of a cox-2 selective inhibitor. **Therefore, the request for Celecoxib (Celebrex) 200 mg is not medically necessary or appropriate.**

2) Regarding the request for Hydrocodone/Acetamin (Norco) :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 91, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 76 – 85 and 88 – 89, which is part of the MTUS.

Rationale for the Decision:

MTUS guideline criteria for the continuation of opioids include the need for physician reports to adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. The employee has been diagnosed with right wrist internal derangement of the joint and has had a surgical wrist fusion with continued chronic pain. The employee has been treated chronically with Norco and Celebrex. No treating physician reports adequately address the specific indications for ongoing use of opioids. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. **Therefore, the request for Hydrocodone/Acetamin (Norco) is not medically necessary or appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.