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| Case Number: | CM13-0012042 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 04/22/2008 |
| Decision Date: | 03/25/2014 | UR Denial Date: | 08/06/2013 |
| Priority: | Standard | Application Received: | 08/16/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old female who reported an injury on 04/22/2008 due to cumulative trauma while performing normal job duties. The patient reportedly sustained injury to her neck, bilateral shoulders, bilateral elbows, bilateral wrists, and bilateral hands. Previous treatments have included physical therapy and anti-inflammatory medications. The patient's most recent clinical evaluation reported that the patient had cervical spine pain radiating into the bilateral upper extremities, bilateral elbow pain, and bilateral wrist pain. Objective findings included tenderness to palpation over the cervical spine and pain with range of motion of the bilateral elbows. The patient's diagnoses included bilateral shoulder impingement syndrome, musculoligamentous strain of the central canal stenosis and lumbar spine, and overuse syndrome of the bilateral upper extremities. A request was made to refill the patient's Celebrex and naproxen prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,67.

Decision rationale: The Physician Reviewer's decision rationale: The requested naproxen 500 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of non-steroidal anti-inflammatory drugs in the management of the patient's chronic pain. However, California Medical Treatment Utilization Schedule also recommends that continued use of medications in the management of chronic pain be supported by documentation of functional benefit and evidence of symptom relief. The clinical documentation submitted for review does not provide any evidence that the patient has any pain relief related to medication usage. Additionally, there was no documentation that the patient has any functional benefit related to the patient's medications. The clinical documentation also does not adequately explain why the patient needs multiple non-steroidal anti-inflammatory drugs. As such, the requested naproxen 500 mg #60 is not medically necessary or appropriate.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,67.

Decision rationale: The Physician Reviewer's decision rationale: The requested Celebrex 200 mg #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of non-steroidal anti-inflammatory drugs in the management of the patient's chronic pain. However, California Medical Treatment Utilization Schedule also recommends that continued use of medications in the management of chronic pain be supported by documentation of functional benefit and evidence of symptom relief. The clinical documentation submitted for review does not provide any evidence that the patient has any pain relief related to medication usage. Additionally, there was no documentation that the patient has any functional benefit related to the patient's medications. The clinical documentation also does not adequately explain why the patient needs multiple non-steroidal anti-inflammatory drugs. As such, the requested naproxen 500 mg #60 is not medically necessary or appropriate.