

Case Number:	CM13-0016027		
Date Assigned:	06/06/2014	Date of Injury:	01/09/2001
Decision Date:	08/04/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/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 69-year-old man who sustained a work-related injury on January 9, 2001. Subsequently, he developed wrist pain. According to the progress report dated on July 3, 2013, the patient has been complaining of numbness and tingling to the index, long, ring, and small fingers of the bilateral hands. His physical examination of the upper extremities revealed positive Tinel's sign over the bilateral median nerves at the wrist. The patient was able to make a full complete fist and extend the fingers appropriately. The patient experienced paresthesias into the index, long, and ring fingers. There is no triggering noted of any of the fingers of the hand. There is enlargement noted at the interphalangeal joint of the bilateral hands. The patient's medications included: Metformin, Lisinopril, Lipitor, Metoprolol, and Aspirin. The patient was diagnosed with: Cumulative trauma to the bilateral hands with exacerbation of the degenerative joint disease of the bilateral index, long, ring, and little fingers at the distal interphalangeal joints; Left median neuropathy secondary to compression/stretch at the carpal tunnel requiring left carpal tunnel release; Right median neuropathy secondary to compression/stretch of the carpal tunnel requiring decompression; Status post tenovagotomy of the left ring finger for treatment of stenosing flexor tenosynovitis. The patient was previously treated with Celebrex which was subsequently stopped because of a denial, The provider reported increased patient pain without Celebrex. The provider requested authorization for Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 27-30.

Decision rationale: According to MTUS guidelines, Celebrex is indicated in cases of pain and back pain especially in cases of failure or contra indication of nonsteroidal anti-inflammatory drugs (NSAIDs). There is no clear documentation that the patient suffered back pain or failed previous use of NSAIDs. There is no documentation of contra indication of NSAIDs. Therefore, request is not medically necessary.