

Case Number:	CM13-0035887		
Date Assigned:	12/13/2013	Date of Injury:	04/05/2010
Decision Date:	04/29/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 57-year-old female who reported an injury on 04/05/2010. The mechanism of injury was not stated. The patient is diagnosed with right carpal tunnel syndrome, L5 lumbar radiculopathy, and left ankle strain with tarsal tunnel syndrome. The patient was recently seen by [REDACTED] on 11/18/2013. The patient reported a gradual worsening of left ankle pain in addition to persistent right hand and wrist pain. The physical examination on that date revealed significant tenderness over the palmar surface of the right wrist, positive Tinel's and Phalen's testing, positive Durkan's sign, moderate probability for carpal tunnel syndrome according to the Katz hand diagram, substantial tenderness over the tarsal tunnel with positive Tinel's testing, medial and lateral ankle swelling and tenderness, and bilateral tenderness over the paralumbar region with positive straight leg raising on the left side. The treatment recommendations included continuation of Celebrex, Prilosec, and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF CELEBREX 200MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-72.

Decision rationale: The Chronic Pain Guidelines indicate that Celebrex is utilized for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The patient does not maintain any of the above mentioned diagnoses. Additionally, the patient has utilized Celebrex 200 mg since 08/2013. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. Therefore, the request is non-certified.