

Case Number:	CM13-0037869		
Date Assigned:	12/18/2013	Date of Injury:	05/09/2007
Decision Date:	02/25/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/24/2013

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 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 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:

This 47 year-old female sustained a right hand injury when it was crushed by a heavy box on 5/9/07 while employed by [REDACTED]. Requests under consideration include Ambien 10 mg #15 and Celebrex 200 mg #30 with 2 refills. Diagnoses include s/p right carpal tunnel release, right thumb pain with stenosing tenosynovitis and right rotator cuff tendinitis. Report of 9/9/13 from [REDACTED] noted patient had trialed of Motrin which caused GI upset and she was given 15 tablets of Ambien and told to taper off. Exam showed right thumb tenderness at MCP joint; shoulder tenderness anteriorly and laterally with no laxity; flexion and abduction of shoulder 170; IR and ER 70, adduction and extension 30 degrees; wrist tenderness with extension and flexion to 60 degrees, ulnar and radial deviation 30 and 20 degrees respectively. Treatment plan included ortho hand evaluation, Celebrex with 2 refills and Ambien of #15 for sleep. Requests above were non-certified on 9/20/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Pain Section, Zolpidem

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This 47 year-old female sustained a right hand injury when it was crushed by a heavy box on 5/9/07 while employed by [REDACTED]. Requests under consideration include Ambien 10 mg #15. Diagnoses include s/p right carpal tunnel release, right thumb pain with stenosing tenosynovitis and right rotator cuff tendinitis. Report of 9/9/13 from [REDACTED] noted patient had trialed of Motrin which caused GI upset and she was given 15 tablets of Ambien and told to taper off. Exam showed right thumb tenderness at MCP joint; shoulder tenderness anteriorly and laterally with no laxity; flexion and abduction of shoulder 170; IR and ER 70, adduction and extension 30 degrees; wrist tenderness with extension and flexion to 60 degrees, ulnar and radial deviation 30 and 20 degrees respectively. Treatment plan included ortho hand evaluation, Celebrex with 2 refills and Ambien of #15 for sleep. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Although the provider has noted plan to stop prescription, there was no documented failure of alternate medications per criteria. Submitted reports also have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic will assist in any complaints not noted. The Ambien 10mg #15 is not medically necessary and appropriate.

Celebrex 200mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: This 47 year-old female sustained a right hand injury when it was crushed by a heavy box on 5/9/07 while employed by [REDACTED]. Requests under consideration include Celebrex 200 mg #30 with 2 refills. Diagnoses include s/p right carpal tunnel release, right thumb pain with stenosing tenosynovitis and right rotator cuff tendinitis. Report of 9/9/13 from [REDACTED] noted patient had trialed of Motrin which caused GI upset and she was given 15 tablets of Ambien and told to taper off. Exam showed right thumb tenderness at MCP joint; shoulder tenderness anteriorly and laterally with no laxity; flexion and abduction of shoulder 170; IR and ER 70, adduction and extension 30 degrees; wrist tenderness with extension and flexion to 60 degrees, ulnar and radial deviation 30 and 20 degrees respectively. Treatment plan included ortho hand evaluation, Celebrex with 2 refills and Ambien of #15 for sleep. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for an injury of 2007 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries.

NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. Celebrex 200mg #30 with 2 refills is not medically necessary or appropriate.