

Case Number:	CM13-0044083		
Date Assigned:	12/27/2013	Date of Injury:	01/09/2001
Decision Date:	06/30/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/25/2013

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 General Surgery 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 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 injured worker is a 70 year old male injured on 01/09/01 due to undisclosed mechanism of injury. The current diagnoses included cumulative trauma to bilateral hands with exacerbation of degenerative joint disease of bilateral index, long, ring, little fingers at the distal interphalangeal joints, left median neuropathy secondary to compression/stretch at carpal tunnel requiring left carpal tunnel release on 08/24/04, right median neuropathy secondary to compression/stretch of carpal tunnel requiring decompression on 07/13/04, and status post tenovagotomy of left ring finger for treatment of stenosing flexor tenosynovitis on 02/08/11. The clinical note dated 07/03/13 indicated the injured worker presented complaining of bilateral hand pain rated 6/10. The injured worker complained of numbness and tingling to the index, long, ring, and small fingers of bilateral hands. The injured worker reported cessation of previously prescribed Celebrex caused pain to increase from 3 to 6/10 and a decrease in functional ability to perform regular customary duties. Physical examination revealed positive Tinel sign over bilateral median nerves at the wrist, paresthesias into the index, long, ring fingers during maneuver, no triggering noted of any fingers, carpal enlargement noted at the interphalangeal joint of bilateral hands. Laboratory findings on 12/29/10 indicated normal renal and hepatic functioning. The injured worker was provided with bilateral hand splints due to increase in numbness and tingling. The initial request for Celebrex 200mg #30 was denied on an unknown date.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG #30: Overturned

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

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

Decision rationale: As noted on page 30 of the Chronic Pain Medical Treatment Guidelines, Celebrex is a non-steroidal anti-inflammatory drug utilized in the treatment of pain and inflammation. The clinical documentation indicated the injured worker reported a significant decrease in pain scores from 6/10 to 3/10 with an increase in functionality when compared to previously trialed NSAIDs. Laboratory values indicated appropriate renal and hepatic functioning. As such, the request for Celebrex 200MG #30 is recommended as medically necessary.