

Case Number:	CM13-0054893		
Date Assigned:	12/30/2013	Date of Injury:	11/14/1997
Decision Date:	04/28/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/20/2013

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 Emergency Medicine, 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 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:

Patient with date of injury of 11/14/1997. Mechanism described as "excessive use". Patient with diagnosis of right shoulder pain from impingement, right lateral epicondylitis post epicondylectomy, arm joint pain, neuralgia/neuritis, lumbosacral neuritis and brachial neuritis. Multiple medical records from primary treating and any available consultants reviewed. Last report available until 10/28/13. Patient reports stable unchanged pain. Pain is mostly at right upper elbow and shoulder and neck pain. Pain is dull, numb and spasms. Pain is constant and worsens with cold. Pain is 5-8/10 and improves with medication. Complaints of "weakness" on review of system. No recent objective exam was not provided for review. Last physical exam was documented on 1/2/13. It revealed right elbow swelling, no erythema and slight decrease range of motion. No clonus. Primary treating physician's notes mention plan for urine drug test but no reason for it is mentioned. A prior urine drug panel was done on 12/19/12 and was negative. There is mention of physical therapy but no reason for why it was requested was provided. Patient is currently on triamterene-HCTZ, Tramadol and celebrex. Utilization review is for urine toxicology screen, prescription for celebrex 100mg #60 with 3 refills, physical therapy of cervical spine 6 sessions. Prior UR on 11/5/13 recommended non- certification of the above requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Patient is currently on Tramadol, an opioid agonist. Patient has been on this medication for at least 1 year. Prior Urine drug testing was negative. There is no documentation of any concerns or suspicions concerning drug abuse from the records provided. As per MTUS Chronic pain guidelines, Urine drug testing is an option in monitoring chronic use of opioids and may be used in patients with concerns for abuse, addiction or poor pain control. However, treating physician has not documented any concerns for abuse and patient has been on stable medications for at least 1 year. With the provided documentation, Urine toxicological screen is not medically necessary.

CELEBREX 100MG #60 WITH 3 REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-inflammatory Drugs) Page(s): 68-70.

Decision rationale: Celebrex or celecoxib is a Non-steroidal Anti-inflammatory Drugs(NSAID) that is a specific COX-2 inhibitor. Patient has been on this medication for at least 1 year. As per MTUS Chronic pain guidelines, NSAIDs are recommended to be used with caution on patients with high blood pressure(which the patient has) due to risk of worsening high blood pressure but patient's blood pressure has been stable despite chronic use of Celebrex. Patient also meets the standards for patient at risk of GI problems that qualify for COX-2 specific NSAIDs. Celebrex is medically necessary.

OUTPATIENT PHYSICAL THERAPY 6 SESSIONS FOR THE CERVICAL SPINE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines, Physical therapy has benefit in improving pain and function under specific circumstances. However, the records provided by the primary treating physician does not document any need for physical therapy. As per documentation, patient has chronic pains and it has been stable and unchanged. There is no provided recent physical exam. The provided documentation does not support request for physical therapy. Physical therapy is not medically necessary.

