

Case Number:	CM14-0006182		
Date Assigned:	03/03/2014	Date of Injury:	06/01/2005
Decision Date:	07/14/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/16/2014

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 Occupational 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:

This is a 57-year-old patient with a 6/1/05 date of injury. The sex of the patient and mechanism of injury are not noted. In a 11/7/13 progress note the patient complained his left elbow had started to pop and had increased pain, he has chronic pain and weakness in both hands. Objective findings include positive tinel sign, slight swelling of wrists, positive phalen sign, decreased grip in both hands. Diagnostic impression: Generalized osteoarthritis involving hand, carpal tunnel syndrome, pain in joint (forearm), ulnar entrapment syndrome. Treatment to date: Medication management, activity modification, surgery. A UR decision dated 12/27/13 denied the request for Celebrex stating that the patient's diagnoses did not involve an inflammatory process and there was no documentation showing improvement with the long-term use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200 MG 1 QD, 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 9792.24.2 Page(s): 22. Decision based on Non-MTUS Citation (ODG) Pain Chapter; Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs (Non-Steroid Anti-Inflammatory Drugs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDs in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI (Gastro Intestinal) complications as the annual GI complication rates for these patients is significantly reduced. The patient's diagnoses do not show an inflammatory component necessitating treatment with an NSAID. Additionally, there is no documentation as to why the patient cannot tolerate other NSAIDs, such as a daily aspirin regimen or risk of GI complications. Therefore, the request for Celebrex 200 mg # 30 was not medically necessary.