

<b>Case Number:</b>	CM14-0125458		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 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 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 64-year-old female with a 3/17/11 date of injury; when she sustained injuries to the right elbow, right wrist and right thumb due to prolonged and repetitive job activities. The patient underwent right carpal tunnel release surgery on 2/7/14. The progress notes indicated that the patient was utilizing Norco and Celebrex at least from 4/28/14. The patient was seen on 7/9/14 with complaints of pain in the right hand, wrist and thumb. Exam findings of the right hand revealed mild tenderness, normal temperature and color. The patient was able to make a full fist and there was no triggering of the thumb. The diagnosis is right elbow cubital tunnel syndrome, right carpal tunnel syndrome, right wrist carpal tunnel release, right thumb stenosing tenosynovitis. Treatment to date: right carpal tunnel release surgery, physical therapy, home exercise program, work restrictions and medications. An adverse determination was received on 7/30/14 for lack of therapeutic effect and screening for side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress notes indicated that the patient was utilizing Norco at least from 4/28/14. However, given the 2011 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, the recent UDS was not available for the review. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone 5MG #60 is not medically necessary.

**Celebrex200MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non- Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex)

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs 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 complications as the annual GI complication rates for these patients is significantly reduced. However the progress notes indicated that the patient was utilizing Celebrex at least from 4/28/14, there is a lack of documentation indicating subjective and objective functional gains from prior use. There is a lack of documentation indicating decrease in the patient's pain on a VAS scale and there is no rationale with regards to the necessity for continuous use of Celebrex for the patient. Therefore, the request for Celebrex200MG #30 is not medically necessary.