

Case Number:	CM14-0185873		
Date Assigned:	11/13/2014	Date of Injury:	02/05/1999
Decision Date:	12/15/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal 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:

The injured worker (IW) is a 61-year-old woman with a date of injury of February 5, 1999. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated October 17, 2014, the IW complains of bilateral thumb pain, greater on the right, for which she was taking Celebrex with no side effects. Celebrex kept her out of the operating room and allowed her to work. It improved her severe pain and locking of bilateral thumbs. Her work hours were recently cut in half by her employer, which resulted in putting less stress on her hands. She was able to do her job with difficulty. The braces were not helpful, and she only used them for severe increased pain. She believed that she was doing better on Cosamin DS, which was used, with Glucosamine and Chondroitin Sulfate, for arthritis. Objective physical findings revealed bilateral thumb tenderness at carpometacarpal joints, with almost full, but stiff range of motion (ROM). The IW was diagnosed with degenerative arthritic carpometacarpal joint in the right thumb, accelerated and aggravated by repetitive hand use at work; left shoulder pain; improved electronegative mild ulnar neuropathy bilaterally; and hypertension while on Ibuprofen. The IW was status post multiple left shoulder surgeries, and had a history of gastric side effects. She was permanent and stationary per the report dated October 21, 2003. She was to continue to work. The provider is recommending Cosamin DS #100, Celebrex 200mg #60 with 3 refills, and an occupational therapy consult with [REDACTED] to review what adaptive devices are indicated to help the IW with her activities of daily living at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Celebrex 200mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #60 with three refills is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Proton pump inhibitors are indicated in patients who are at risk for gastrointestinal and for cardiovascular events. Patients at risk for gastrointestinal events include, but are not limited to, age greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin or steroids or anticoagulants; or high-dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker is a 61-year-old woman with a date of injury February 5, 1999. The injured worker's most recent complaints are bilateral thumb pain, right greater than left, to which she was taking Celebrex no side effects. Celebrex improved the pain and locking of the thumbs bilaterally. The injured worker admits to developing hypertension on ibuprofen with long-term use. The injured worker states Naproxen exacerbated gastric ulcers and duodenitis. Celebrex has been the most effective nonsteroidal anti-inflammatory drug and there are no comparable generic formulations of Celebrex. Celebrex is an anti-inflammatory drug and has the same potential side effect profile as ibuprofen and approximate. These include G.I. symptoms and cardiovascular risks. Short-term use of these agents are recommended with the lowest dose necessary. Although the injured worker is a candidate for Celebrex use, the refills are not appropriate based on the side effect profile and the injured worker's comorbid conditions. Consequently Celebrex 200 mg #60 with three refills is not medically necessary. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Celebrex 200 mg #60 with three refills is not medically necessary.

1 occupational therapy consultation with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Occupational therapy (OT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 387. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one occupational therapy consultation with [REDACTED] is not medically necessary. The guidelines state in the absence of stress-related conditions or red flags, patients can usually be safely and effectively managed by an occupational with a primary care physician. Occupational therapy is recommended with active therapies to control swelling, pain and inflammation during the rehabilitation process. In this case, the injured worker was being treated

for chronic bilateral thumb pain. These injuries were identified and documented as permanent and stationary. There were no red flags present that required referral to an occupational therapist. Additionally, the injured worker was not participating in any therapy sessions at this time nor was there an exacerbation of any symptoms. Consequently, in occupational therapy consultation is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, one occupational therapy consultation with [REDACTED] is not medically necessary.