

Case Number:	CM14-0024422		
Date Assigned:	06/11/2014	Date of Injury:	04/04/2013
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 58 year old male who sustained injuries to his left wrist on 04/04/13. The record did not discuss mechanism of injury. MRI of the left wrist dated 09/05/13 revealed marked dorsal subluxation at the distal radial ulnar joint; evulsion of the TFCC from the ulnar styloid; small degenerative tear centrally of the TFCC; ulnar positive variance with a large amount of fluid within the distal radial ulnar joint. The extensor carpi ulnaris was intact and normally located. There was large amount of edema soft tissue swelling at ulnar side of the wrist. There was degenerative osteophytosis and reactive edema within the dorsal aspect of the lunate. There were mild degenerative changes at the articulation of the triquetrum and pisiform. There was a large amount of fluid surrounding the extensor tendons within the palm of the hand. Electrodiagnostic studies dated 09/05/13 revealed left median motor nerve reduced amplitude with all remaining nerves within normal limits which was reported as normal. The injured worker was currently awaiting surgical intervention. Treatment included bracing, Celebrex, Mobic, and corticosteroid injections into the left wrist. The injured worker reported Celebrex helped approximately 70%. Utilization review determination dated 02/12/14 non-certified the requests for Celebrex 200mg and Ultram 50mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200 MG: 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: The request is recommended as medically necessary. The submitted clinical records indicate that the claimant sustained a significant injury to the left wrist and is pending surgery. The injured worker receives approximately 70% relief with this medication. As such the continued use is supported as medically necessary.

ULTRAM 50 MG #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The request is recommended as medically necessary. The submitted records indicate that the claimant sustained significant injury to the left wrist as a result of workplace event he was noted to have significant pain reduction as a result of the use of oral medications. Records indicate that the injured worker is pending surgical intervention. As such the continued use of this medication would be clinically indicated.