

Case Number:	CM14-0035247		
Date Assigned:	06/23/2014	Date of Injury:	10/01/2003
Decision Date:	07/24/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/21/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 59 year-old female who was reportedly injured on October 1, 2003. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated February 6, 2014, indicates that there are ongoing complaints of upper extremity pain. The physical examination demonstrated no numbness, a positive tingling sensation (left greater than right) and changes consistent with a bilateral carpal tunnel syndrome. An ulnar nerve entrapment neuropathy is also reported. Diagnostic imaging studies are not presented for review. Previous treatment includes nonsteroidal and narcotic analgesics. A request was made for the medications Celebrex and Norco and was not certified in the pre-authorization process on February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year authorization for Celebrex 200mg, one by mouth daily, #90 with one refill (x 6 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication Page(s): 22. Decision based on Non-MTUS Citation ODG, Pain Chapter - formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 MTUS (Effective July 18, 2009) Page 68 of 126 Page(s): 68 of 126.

Decision rationale: This medication is a Cox-2 inhibitor indicated for those who are at risk for gastrointestinal complications. However, this is not the majority of those individuals requiring this type of medication. Furthermore, when noting the date of injury (2003) and the rather marginal physical examination findings there is no indication for an anti-inflammatory. As such, no medical necessity has been established.

Norco 10/325mg, #90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APA Hydrocodone/Acetaminophen (Norco (R)) Opioids Page(s): 82-88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) Page 75-78 of 127 Page(s): 75-78 OF 127.

Decision rationale: This medication is a short acting opioid combined with acetaminophen. This is reserved for the management of moderate to severe breakthrough pain. When noting the date of injury, the diagnosis made, and the unchanging physical examination, there is no established medical necessity for this opioid analgesic. Furthermore, there are no narcotic contracts or appropriate assessments of the usage of this medication. This is not medically necessary.