

Case Number:	CM14-0049935		
Date Assigned:	07/07/2014	Date of Injury:	07/25/2003
Decision Date:	08/28/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 case of a 56-year old female who has filed a claim for chronic pain, nerve root and plexus disorder, brachial plexus, cervical root, lumbosacral plexus lesions, carpal tunnel syndrome, thoracolumbar disc displacement without myelopathy, degenerative cervical intervertebral disc, ulnar nerve lesions, and adhesive capsulitis of the shoulder associated an industrial injury date of 07/25/2003. Medical records from 2013 to 2014 were reviewed. History revealed the patient was stuck on the left side of her head, left shoulder and left hand and wrist with a 50-pound roller bag last 07/25/2003. Latest progress reports showed the patient still present with cervical pain and upper extremity pain. Musculoskeletal examination showed she has decreased temperature and discoloration in the LUE vs RUE, decreased ROM at C-spine, tenderness with spasm/guarding of C-spine and trapezius, and hypersensitivity with allodynia in LUE vs RUE. Treatment to date has included left carpal tunnel release, tenosynovectomy of flexor compartment, epineurolysis, left cubital tunnel decompression with anterior transposition of the ulnar nerve, stellate ganglion/sympathetic block, physical therapy and medications. Medications to date has included Ultram, Ultracet, Celebrex, Prilosec, Topamax, Zanaflex, Effexor, Lyrica, Wellbutrin, Cyclobenzapine, and Ambien. Utilization review dated 03/14/2014 denied the request for Celebrex because California MTUS Guidelines only recommends the use of NSAIDS for patients with low back pain for short-term symptomatic relief. There was also lack of documentation regarding the patient's response to the said medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Review for Celebrex 200mg qty 30/30 day supply Rx 2/3/14 by [REDACTED], MD:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic low back pain Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Medical Treatment Guidelines, NSAIDS are only recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. In this case, the patient has a history of chronic cervical pain and left upper extremity pain. However, the intensity, quality, radiation, exacerbating factors and the effect of this pain on her activities of daily living were not documented. Likewise, no documentation on the relief of pain upon intake of medications was noted. The lack of documentation and the chronic use of celecoxib does not support the clinical necessity of Celebrex. Therefore the request for Celebrex 200 mg qty 30/ 30 day supply is not medically necessary.