

Case Number:	CM14-0195039		
Date Assigned:	12/02/2014	Date of Injury:	06/20/2001
Decision Date:	01/14/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/20/2014

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 65-year-old man with a date of injury of June 20, 2001. The mechanism of injury was not documented in the medical record. The current working diagnoses include osteoarthritis/hand/wrist, and laceration finger/tendon. Pursuant to the handwritten Primary Treating Physician's Progress Report (PR-2) dated November 11, 2014, the IW complains of left 2nd and 3rd finger stiffness and improved swelling; worse with much use and exposure to cold weather. Objective physical findings revealed stiffness left wrist and middle 2 fingers. Incomplete left fist closure. Current medications include Motrin 800mg, and Celebrex 200mg. The treatment plan was refill medications, and follow-up May 14, 2015. The IW has been on Motrin and Celebrex since at least November 4, 2013, according to the PR-2 of the same date when the medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation ODG (Pain Chapter)

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 Guidelines and the Official Disability Guidelines, Motrin 800 mg #270 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of nonsteroidal anti-inflammatory drug selection is the adverse effects. Nonsteroidal anti-inflammatory drugs have gastrointestinal effects, cardiovascular effects and renal vascular effects. In this case, the injured worker's diagnoses, pursuant to the assessment dated November 11, 2014, are osteoarthritis hand/wrist laceration finger/tendon. A review of the medical record shows both Motrin and Celebrex (both nonsteroidal anti-inflammatory drugs) were prescribed November 4, 2013. There is no clinical rationale or clinical indication the medical record indicating why both nonsteroidal anti-inflammatory drugs are written concurrently. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The treating physician is clearly exceeded the recommended guidelines pursuant to the Official Disability Guidelines. Consequently, absent the appropriate clinical indication, clinical rationale and evidence of objective functional improvement, Motrin 800 mg #270 is not medically necessary.

Celebrex 200 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation ODG Pain Chapter, FDA (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 with guidelines and is official disability guidelines, Celebrex 200 mg #90 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of nonsteroidal anti-inflammatory drug selection is the adverse effects. Nonsteroidal anti-inflammatory drugs have gastrointestinal effects, cardiovascular effects and renal vascular effects. In this case, the injured worker's diagnoses pursuant to the assessment dated November 11, 2014 are osteoarthritis hand/wrist laceration finger/tendon. A review of the medical record shows both Motrin and Celebrex (both nonsteroidal anti-inflammatory drugs) are prescribed November 4, 2013. There is no clinical rationale or clinical indication the medical record indicating why both nonsteroidal anti-inflammatory drugs are written concurrently. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The treating physician is clearly exceeded the recommended guidelines pursuant to the official visibility guidelines. Consequently, absent the appropriate clinical indication, clinical rationale and evidence of objective functional improvement, Celebrex 200 mg #90 is not medically necessary.

