

<b>Case Number:</b>	CM14-0197790		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 New York. 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 claimant is a 57 year old female who sustained an industrial injury on 05/23/2012. The mechanism of injury occurred when she was sorting oranges on a conveyor at a faster rate and as she threw one of the oranges, she felt a strain in her right wrist, elbow, and shoulder. Her diagnoses include right subacromial bursitis, tendonitis and/or tenosynovitis of the right elbow, carpal tunnel syndrome and tendonitis of the right wrist. On exam, she continues to complain of right wrist pain with decreased strength in her right hand and decreased fine motor skills. On physical exam, there is soft tissue swelling of the right wrist and right forearm. There was moderate tenderness over the extensor pollicis longus on the right side. Her grip strength was 4/5 bilaterally. Treatment has included medical therapy, surgery, wrist support, Matt Strap elbow support, ice, and physical therapy. The treating provider has requested a one month supply of Naprosyn 500mg, a one month supply of Lyrica 75mg, and a one month supply of Celebrex 200mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) month supply of Naproxen 500 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** Per MTUS, Naproxen (brand name is Naprosyn) is a nonsteroidal anti-inflammatory medication (NSAID). These medications are recommended for the treatment of chronic pain as a second line therapy after acetaminophen. The documentation indicates the claimant has an allergy to Naprosyn. In addition, she had a documented blood pressure of 162/120 and nonsteroidal anti-inflammatory medications can increase blood pressure and lead to fluid retention and edema. Given the listed allergy and the elevated blood pressure, medical necessity for the requested item has not been established. The requested treatment is not medically necessary.

**One (1) month supply of Lyrica 75 mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines neuropathic pain, anti-epileptic drug Page(s): 15, 20.

**Decision rationale:** Per the documentation she has neuropathic pain related to her chronic pain condition. The medication is part of her medical regimen and per California MTUS Guidelines 2009 antiepilepsy medications are a first line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of neuropathic pain. The patient has reported a reduction in her pain with the medical therapy which would be defined as a 50% reduction which would represent a "good" response. Medical necessity has been documented and the requested treatment is medically necessary for treatment of the patient's chronic pain condition.

**One (1) month supply of Celebrex 200 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 30.

**Decision rationale:** NSAIDs may be grouped into three categories based on their relative selectivity for COX2; there are non-selective, partially selective, and selective agents. Celecoxib is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug directly targets COX-2, an enzyme responsible for inflammation and pain. Celecoxib may have a lower risk of GI events relative to nonselective NSAIDs; however, this has not been conclusively demonstrated with long term use and it is not known how Celecoxib compares to generic partially selective NSAIDs. The difference in the absolute risk of serious GI effects between Celecoxib and other NSAIDs is small and of unknown clinical significance. Elderly, those using high doses of NSAID, concurrent use of corticosteroids or anticoagulants, and prior history of

significant GI related events may result in an increase in the incidence of adverse effects from any NSAID. The documentation indicates the claimant had a documented blood pressure of 162/120 and nonsteroidal anti-inflammatory medications such as Celebrex can increase blood pressure and lead to fluid retention and edema. The claimant, due to the recorded elevated blood pressure, is at high risk for developing sustained blood pressure elevation which is associated with increases in hemorrhagic stroke, congestive heart failure and ischemic cardiac events. Per MTUS, medical necessity for the requested item has not been established. The requested item is not medically necessary.