

Case Number:	CM14-0205634		
Date Assigned:	12/17/2014	Date of Injury:	10/08/2003
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 66 year old female with an injury date of 10/08/13. Based on the 11/17/14 progress report provided by treating physician, the patient complains of cervical spine pain (unrated), left greater than right which radiates to left upper extremity and hand, lumbar spine pain (unrated) which radiates to the right foot and calf. Patient also complains of pain in the lateral right elbow. Progress notes provided are hand written and largely illegible. Patient has no documented surgical history directed at these complaints. Most recent progress note, dated 11/17/14 does not include any physical examination findings, only a review of medical records and subjective complaints. The patient's current medication regimen is not specified. Per 11/17/14 progress report, patient is retired. Diagnostic imaging was not included with the reports, though denial letter dated 12/01/14 notes lumbar MRI conducted 11/28/12, significant findings include: "Large central disc protrusion/extrusion at L5-S1, abutting and possibly compressing the traversing right S1 nerve root and associated herniation of the nucleus pulposus." Diagnosis 11/17/14 Cervical spine radiculitis, Lumbar spine radiculitis. NOTE: Remaining diagnoses of this progress note are handwritten and illegible. Diagnosis 07/03/14 Cervical degenerative disc disease, Lumbar degenerative disc disease, L5-S1 disc extrusion, Lumbar facet joint disease, Lateral epicondylitis, S/P right trigger finger release, S/P left and right deQuervan's tenosynovitis, Left carpal tunnel syndrome. The utilization review determination being challenged is dated 12/01/14. Treatment reports were provided from 04/01/14 to 11/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Medical Treatment Utilization Schedule (MTUS) 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 pages 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter page 137, Functional Capacity Evaluation, Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE).

Decision rationale: The patient presents with cervical spine pain (unrated), left greater than right which radiates to left upper extremity and hand, lumbar spine pain (unrated) which radiates to the right foot and calf. Patient also complains of pain in the lateral right elbow. Progress notes provided are hand written and largely illegible. Patient has no documented surgical history directed at these complaints. The request is for Initial Functional Capacity Evaluation. Most recent progress note, dated 11/17/14 does not include any physical examination findings, only a review of medical records and subjective complaints. The patient's current medication regimen is not specified. Per 11/17/14 progress report, patient is retired. Diagnostic imaging was not included with the reports, though denial letter dated 12/01/14 notes lumbar MRI conducted 11/28/12. Regarding functional capacity evaluation, ACOEM Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations...These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." ODG Fitness for Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states:"Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." ACOEM guidelines do not support FCE to predict an individual's work capacity. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. In regards to the request for a functional capacity evaluation, the treater has not specified a reason for the request. Functional capacity evaluations are recommended by ODG guidelines as a prerequisite to work hardening programs designed to return a patient to the workforce, though there is no indication that this patient intends on returning to the workforce. Progress note dated 11/17/14 indicates that this patient is retired, no rationale for the performance of the evaluation or intent to promote a return to work is provided. Therefore, the request is not medically necessary.

Celebrex 200mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with cervical spine pain (unrated), left greater than right which radiates to left upper extremity and hand, lumbar spine pain (unrated) which radiates to the right foot and calf. Patient also complains of pain in the lateral right elbow. Progress notes provided are hand written and largely illegible. Patient has no documented surgical history directed at these complaints. The request is for Celebrex 200mg #30. Most recent progress note, dated 11/17/14 does not include any physical examination findings, only a review of medical records and subjective complaints. The patient's current medication regimen is not specified. Per 11/17/14 progress report, patient is retired. Diagnostic imaging was not included with the reports, though denial letter dated 12/01/14 notes lumbar MRI conducted 11/28/12. MTUS Anti-inflammatory medications page 22 states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS guidelines page 22 for Celebrex, state, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." In regards to the utilization of Celebrex aka Celecoxib as opposed to standard NSAIDs, a journal article by Fred E. Silverstein et al. 'Gastrointestinal Toxicity with Celecoxib Vs nonsteroidal anti-Inflammatory Drugs for Osteoarthritis and Rheumatoid Arthritis'. Journal of the American Medical Association 284.10 (2000): 1247. Concludes: "In this study, Celecoxib, at dosages greater than those indicated clinically, was associated with a lower incidence of symptomatic ulcers and ulcer complications combined, as well as other clinically important toxic effects, and compared with NSAIDs at standard dosages." It appears that the treater is requesting a prescription of Celebrex to control this patient's intractable pain stemming from cervical and lumbar degenerative disc disease; the request appears to be reasonable. While there is no documented history of GI complaint, nor history of GI upset stemming from the use of more caustic NSAID varieties, this patient is age 66. Those in an advanced age category are at an increased risk of NSAID associated GI complications, and by utilizing this medication can reduce the risk of such events. Therefore, the request IS medically necessary.