

Case Number:	CM14-0206147		
Date Assigned:	12/18/2014	Date of Injury:	05/03/2013
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
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. The expert reviewer is Board Certified in Physical Medicine Rehab 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 patient is a 51 year old female with date of injury 5/03/13. The treating physician report dated 11/03/14 (23) indicates that the patient presents with pain affecting the left ankle and foot. The physical examination findings reveal antalgic gait noted on left. Tenderness noted in the left deltoid ligament and left posterior tibial tendon region. Range of motion in the left ankle is associated with pain and she has minimal inversion and eversion in the left ankle. Strength is 4/5 in the left ankle dorsiflexion and plantar flexion. Prior treatment history includes medications, MRI, physical therapy and injection. MRI findings reveal a non-displaced fracture of the tip of the medial malleolus of the left ankle. There was sprain of the deltoid ligament involving the deep fibers of the deltoid ligament. MRI of the left foot revealed tibialis posterior tenosynovitis and sinus torsi edema. The current diagnoses are: 1.Left ankle pain2.Tibialis posterior tenosynovitis3.Left ankle sprain4.Deltoid ligament sprain5.Degenerative osteoarthritis left ankleThe utilization review report dated 11/13/14 denied the request for Celebrex 100 mg bid #60 based on a more cost effective approach being to trial the patient with a nonselective NSAID and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg bid #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs, GI Symptoms & Cardiovascular Risk, pages 22, 68.
Page(s):.

Decision rationale: The injured worker is a 31 year-old male who was originally injured on 1/22/2008 and subsequently developed chronic cervalgia, bilateral upper extremity radicular pain, recurrent myofascial strain, and is status post bilateral carpal tunnel release. Current medications include Norco 1 tablet twice a day and Lyrica 50mg two tablets twice a day. Follow up evaluation recommended laboratory testing, including a CBC, CHEM 19, urinalysis (complete) and testosterone level, which were authorized, and also acetaminophen level, EIA9 with alcohol-RFLX urine, TSH, hydrocodone and metabolite, LC/MS, MS, which were not authorized. The request for this laboratory analysis was then submitted for independent medical review.