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| Case Number: | CM15-0107987 | | |
| Date Assigned: | 06/12/2015 | Date of Injury: | 04/01/2004 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/22/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 is a 68 year old female, who sustained an industrial injury on 4/1/2004. She reported bilateral wrist/hand pain and headaches. The injured worker was diagnosed as having left thenar carpometacarpal joint arthroplasty with residual pain, carpal tunnel syndrome bilaterally, status post right carpal tunnel release, cervical spine degeneration, anxiety, chronic migraine headaches, myofascial tension in neck. Treatment to date has included medications, carpal tunnel release on right, radio frequency rhizotomy. The request is for Celebrex. On 5/13/2015, Celebrex is reported to reduce her neck, finger, and thumb pain, however she asked for an increased dose to 300mg daily, at 100mg three times per day. She also reported migraine headaches, and neck pain related to the migraines, which are controlled by Imitrex and analgesics. She is reportedly allergic to opioids. She utilizes TENS 3 times weekly which she indicated reduced her pain by over 50%. She rated her pain as 3-7/10 with medications. She is noted to have tenderness and swelling in the left thumb area. The treatment plan included: Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 100 mg #90 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are left thenar carpometacarpal joint arthroplasty; carpal tunnel syndrome bilateral; degeneration cervical spine with superimposed cervical strain; anxiety; chronic migraine headache; myofascial tension in neck; and opiate allergy with cutaneous hives. The documentation shows the treating provider prescribed Celebrex on March 18, 2015. There are no nonsteroidal anti-inflammatory drugs prescribed prior to that date. There are no nonselective nonsteroidal anti-inflammatory drugs documented in the medical record prior to using Celebrex. There is no clinical indication or rationale by the treating provider as to the use of Celebrex over nonselective nonsteroidal anti-inflammatory drugs (like Motrin or Naprosyn). Consequently, absent clinical documentation with nonselective nonsteroidal anti-inflammatory drugs (Naprosyn and Motrin) and a clinical indication and rationale for Celebrex over nonselective nonsteroidal anti-inflammatory drugs and objective functional improvement, Celebrex 100 mg #90 is not medically necessary.