

<b>Case Number:</b>	CM15-0134222		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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

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 injured worker is a 57 year old female with an industrial injury dated 03/24/2010. The injured worker's diagnoses include degeneration of cervical intervertebral disc, spasm, carpal tunnel syndrome, and brachial plexus disorder. Treatment consisted of Electromyography (EMG) /Nerve conduction velocity (NCV), cervical Magnetic Resonance Imaging (MRI), prescribed medications, chiropractic treatment, carpal tunnel releases surgeries and periodic follow up visits. In a progress note dated 06/19/2015, the injured worker reported neck and bilateral upper limb pain. Objective findings revealed no acute distress. The treating physician also reported that the injured worker's pain behaviors were within expected context of disease. The treatment plan consisted of medication management, chiropractic treatment, home exercise therapy and follow up appointment. The treating physician prescribed Celebrex 200mg #60 with 2 refills and Dilaudid 2mg #30 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60 with 2 refills:** Upheld

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

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

**Decision rationale:** The patient presents with pain in the cervical spine and bilateral upper extremities. The request is for CELEBREX 200 MG #60 WITH 2 REFILLS. Patient is status post right carpal tunnel release surgery 04/24/14. Physical examination to the left hand revealed tenderness to palpation in the palm area and over the A1 pulley of the fourth and fifth fingers. Tinel's test was mildly positive. Per 04/17/15 progress report, patient's diagnosis include spasm of muscles, degeneration of cervical intervertebral disc, carpal tunnel syndrome, and brachial plexus disorder. Patient's medications, per 06/19/15 progress report include Celebrex, Dilaudid, and Tramadol. Patient is temporary totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 22, has the following under Anti-inflammatory medications: "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. (Rate of overall GI bleeding is 3% with COX-2s versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk." Treater has not discussed this request. Review of the medical records provided indicated the patient was prescribed Celebrex from 12/23/14 and 06/19/15. In this case, there is no discussion of a history of GI complications, or upset attributed to first-line NSAID medications. MTUS guidelines state that Celebrex is indicated in patients with a history of GI complications and not recommended for the majority of patients owing to high cost. Without a documented history of GI upset secondary to NSAID use or other GI complications, the medical necessity of this medication cannot be substantiated. Therefore, the request is not medically necessary.

**Dilaudid 2mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 93, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient presents with pain in the cervical spine and bilateral upper extremities. The request is for DILAUDID 2 MG #30. Patient is status post right carpal tunnel release surgery 04/24/14. Physical examination to the left hand revealed tenderness to palpation in the palm area and over the A1 pulley of the fourth and fifth fingers. Tinel's test was mildly positive. Per 04/17/15 progress report, patient's diagnosis include spasm of muscles, degeneration of cervical intervertebral disc, carpal tunnel syndrome, and brachial plexus disorder. Patient's medications, per 06/19/15 progress report include Celebrex, Dilaudid, and Tramadol. Patient is temporary totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of

pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater has not discussed this request. Patients received prescriptions for Dilaudid from 12/23/14 and 06/19/15. In this case, treater has not documented how Dilaudid reduces pain and improves patient's activities of daily living. The 4A's have not been addressed properly, and adequate documentation has not been provided including numeric scales and functional measures that show significant improvement. No opioid pain agreement or CURES reports have been provided either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.