MAXIMUS Federal Services

Case Number:	CM15-0134622		
Date Assigned:	07/22/2015	Date of Injury:	01/20/2003
Decision Date:	08/26/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/13/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old woman sustained an industrial injury on 1/20/2003. The mechanism of injury is not detailed. Evaluations include right shoulder MRI dated 1/24/2004 and 1/5/2009 electromyogram/nerve conduction studies of the bilateral upper extremities dated 3/18/2005, 3/26/2013, and 7/2/2014, and right knee MRI dated 2/3/2004. Diagnoses include cephalgia, right shoulder incomplete rotator cuff tear and tendon tear, right shoulder subacromial bursitis, right shoulder tendinitis, clavicle non-displaced intraarticular fracture, bilateral carpal tunnel syndrome, left wrist strain, left thumb carpometacarpal joint sprain and tendinitis, and right knee meniscal tear. Treatment has included oral medications and surgical interventions. Physician notes dated 6/2/2015 show complaints of a right knee pain flare-up and right shoulder pain with radiation to the wrist, hand, and fingers with numbness and tingling. Recommendations include continue current medication regimen including Celebrex and Ultram and follow up as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: This 61 year old female has complained of shoulder pain, knee pain and wrist pain since date of injury 1/20/03. She has been treated with surgery, physical therapy and medications to include Celebrex since at least 07/2014. The current request is for Celebrex. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 10 months. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Celebrex is not indicated as medically necessary in this patient.

Ultram ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 61 year old female has complained of shoulder pain, knee pain and wrist pain since date of injury 1/20/03. She has been treated with surgery, physical therapy and medications to include opioids since at least 07/2014. The current request is for Ultram ER. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram ER is not indicated as medically necessary.