

Case Number:	CM15-0136332		
Date Assigned:	07/24/2015	Date of Injury:	04/27/2014
Decision Date:	09/23/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 is a 37-year-old female who sustained an industrial injury on 04-27-2014. Diagnoses include status post left hand traumatic injury on 4-27-2014 and left fingers stiffness with pain. Treatment to date has included medications, digital nerve block, physical therapy, splinting, cortisone injection and home exercise program. According to the progress notes dated 6-19-2015, the IW (injured worker) reported left hand pain rated 5 out of 10. She also reported Ultram made her sleepy and she wanted something else for pain. On examination, range of motion was decreased in the left ring finger, worse than the middle finger, due to pain. Strength in the bilateral upper extremities was 5 out of 5, but with giveaway weakness at the left hand due to pain. Sensation was decreased in the first three fingers bilaterally. Her left hand fingers were in a guarded position and passive range of motion was difficult due to pain. There was tenderness to palpation at the left ring, middle and index fingers, worse at the ring finger. A request was made for Celebrex 200mg, #30, with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Celebrex is not medically necessary.