MAXIMUS Federal Services

Case Number:	CM15-0165448		
Date Assigned:	09/03/2015	Date of Injury:	06/25/2008
Decision Date:	10/21/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/24/2015

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, Pain Management

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 54 year old male who sustained an injury on 6-25-08. An orthopedic evaluation dated 6-2-15 report increased symptomatology to bilateral wrists and hands with constant numbness and tingling and pain that are alleviated with Norco. He states that when he goes surfing the cold salt water helps alleviate his symptoms temporarily. The pain is rated 9 out of 10 right hands and bilateral wrist pain is 8 out of 10; left mid finger is 9 out of 10. He is working and is not attending therapy. Norco and 10-325 mg #60 and Celebrex 200 mg #60 were renewed at this visit. PR2 examination 7-1-15 reports the IW is complaining of ongoing pain to bilateral hands, wrists and neck. His right index finger pain is rated as 9 out of 10; right thumb is rated 9 out of 10; left middle finger is rated 9 out of 10; left wrist is rated 7 out of 10 and neck is rated as 7 out of 10. Current medications include Celebrex, Norco, Prilosec and Glucosamine, Chondroitin which he states is helping. The examination of bilateral wrists reveal a well-healed right wrist dorsal incisions with mild enlargement of the right wrist; thickening of the left wrist carpal row and deformities to the MCP joints as well at the long finger. Diagnoses are status post arthroscopic debridement of the TFCC tear, synovectomy, dorsal capsular scar debridement, and extensor carpi ulnaris tenosynovectomy (5-12-09); left wrist early carpal low arthrosis; right wrist overuse tendinitis; rule out rheumatoid arthritis; cervical discopathy. The medications were renewed at this visit. Current requested treatments Celebrex 10 mg #60 with 2 refills; Norco 10-325 mg #90 with 1 refill; Prilosec 20 mg with 2 refills; orthopedic re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is no identification of a high risk of GI complications. There is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested celecoxib (Celebrex) is not medically necessary.

Norco 10/325mg #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified that Norco improve the patient's pain at allows functional benefit. It is acknowledged, that the degree of analgesic efficacy is not well documented and there is minimal documentation regarding discussion of side effects or aberrant use. However, due to the documentation of analgesic efficacy and objective improvement, a two month prescription of medication, as requested here, should allow the requesting physician time to better document those items. In light of the above issues, the currently requested Norco (hydrocodone / acetaminophen) is medically necessary.

Plosec 20mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it does appear that the patient is having stomach irritation from opiate pain medication. As such, the currently requested omeprazole (Prilosec) is medically necessary.

Orthopedic reevaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for Orthopedic re-evaluation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the requesting physician has not identified any uncertain or extremely complex diagnoses or any concurrent psychosocial factors. Additionally, it appears that the patient has recently seen orthopedist, and it is unclear why a reevaluation would be indicated at the current time. In the absence of such documentation, the currently requested Orthopedic re-evaluation is not medically necessary.