

Case Number:	CM15-0181424		
Date Assigned:	09/22/2015	Date of Injury:	04/11/2014
Decision Date:	10/29/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/15/2015

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: Texas, California
 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 51 year old female patient who sustained an industrial injury on April 11, 2014. The diagnoses include right hand status post carpal tunnel release and left carpal tunnel syndrome. Per the doctor's note dated 8/31/15, she is status post right carpal tunnel release and doing well in regard to the right hand. She had complaints of intermittent left hand numbness. The physical examination revealed right hand-well healed surgical scar over the carpal tunnel; left hand-tenderness over the volar surface, positive Tinel's and Phalen's test. Per the primary treating office visit dated February 27, 2015 she had complaints of bilateral hand pain. The physical examination of the bilateral hands revealed some generalized puffiness bilaterally; Tinel's sign positive bilaterally; Phalen's sign positive bilaterally." The medications list includes norco and celebrex since 2/27/2015. At every visit norco 16 tablets were dispensed and 60 tablets were prescribed. She has undergone right carpal tunnel release on 6/2/2015. She has had EMG/NCS which revealed bilateral carpal tunnel syndrome. She has had physical therapy and wrist braces for this injury. Primary follow up in July 2015 reported the patient one week post-operative right release with the following recommendations: left carpal tunnel release; post-operative physical therapy session, left volar brace and medications: Celebrex, and Norco. She is to continue with therapy treating the right hand. The Request for medications Celebrex and Norco noted with denial due to documentation provided did not provide evidence of improved function and or decreased pain; no previous medication trials, no history of gastric upset or bleed; Opioids are not a first line of recommended treatment per the guidelines; therefore, medical necessity requirements were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Celebrex 200mg #60, dispensed on 07/27/15: 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): Anti-inflammatory medications.

Decision rationale: Retrospective review of Celebrex 200mg #60, dispensed on 07/27/15. Celebrex contains Celecoxib which is a non steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) 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. According to the cited guidelines Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. In addition per the cited guidelines 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. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. Failure of generic NSAIDs like ibuprofen or naproxen (with dose, duration and side effects) is not specified in the records provided. The medical necessity of Retrospective review of Celebrex 200mg #60, dispensed on 07/27/15 is not fully established for this patient at this time, therefore is not medically necessary.

Retrospective review of Norco 10/325mg #16 dispensed on 07/27/15: 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): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Retrospective review of Norco 10/325mg #16 dispensed on 07/27/15. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment

failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant, anticonvulsant and lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. Per the cited guidelines, Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen,2006) This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of retrospective review of Norco 10/325mg #16 dispensed on 07/27/15 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms, therefore is not medically necessary.