

Case Number:	CM15-0193161		
Date Assigned:	10/07/2015	Date of Injury:	02/01/2004
Decision Date:	11/13/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/01/2015

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:

The injured worker is a 64 year old female, who sustained an industrial injury on 2-01-2004. The injured worker was diagnosed as having cervicgia and cervicobrachial syndrome. Treatment to date has included diagnostics, chiropractic, physical therapy, and medications. Currently (9-14-2015), the injured worker complains of "feeling more pain", noting that Daypro had been denied and she weaned herself from Ultram. She continued to report pain in her neck and left upper extremity, along with tingling over her left hand and digits. She described her pain as burning, numbing, and tingling type pain. Pain was rated 4-5 out of 10 with medications (rated 4 out of 10 on 7-15-2015). She reported not hurting as much when taking Daypro and Ultram and side effects (gastrointestinal) were tolerated with the use of Prilosec. Tried-failed medication included Gabapentin, Advil, Naproxen, and over the counter Motrin. She was not working and retired in 2010. Medical history noted "bleeding problems". Exam of the cervical spine noted mild lordosis, restricted range of motion, hypertonicity, spasm, tenderness and tight muscle band in the paravertebral muscles bilaterally, pain in the neck muscles with Spurling's maneuver, motor 4 of 5 in the left wrist extension and flexion, and decreased sensation along the left fourth-finger fingers and ulnar forearm. It was documented that she "was on daypro, ultram for a long time and she is concerned of her liver and kidneys". Results-dates of prior liver-kidney function tests were not documented. The duration of use for Daypro and Ultram could not be determined, but was noted since at least 3-2015. The treatment plan included Celebrex 200mg #30 and labs (liver and kidney function tests), non-certified by Utilization Review on 9-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg one by mouth every day quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: This 64 year old female has complained of neck pain and left arm pain since date of injury 2/1/2004. She has been treated with physical therapy, chiropractic therapy and medications to include NSAIDS since at least 03/2015. 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 5 months duration. 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 medically necessary in this patient.

Liver function studies, Kidney function studies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 64 year old female has complained of neck pain and left arm pain since date of injury 2/1/2004. She has been treated with physical therapy, chiropractic therapy and medications. The current request is for liver function studies and kidney function studies. The available medical records do not include documentation of prior liver or kidney function studies and whether there were any abnormal values nor do they document provider rationale for obtaining these studies at this time. On the basis of the available medical records and per the guidelines cited above, liver function studies and kidney function studies are not medically necessary.