

Case Number:	CM15-0194341		
Date Assigned:	11/04/2015	Date of Injury:	08/28/2008
Decision Date:	12/22/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/02/2015

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, North Carolina
 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:

The injured worker was a 53 year old female, who sustained an industrial injury, August 28, 2008. The injured worker was undergoing treatment for subacromial impingement syndrome with rotator cuff tendinitis and rule partial rotator cuff tear, ulnar nerve entrapment, cubital tunnel, right elbow, symptomatic. According to progress note of September 18, 2015, the injured worker's chief complaint was right shoulder pain. The injured worker rated the pain at 6 out of 10 with pain medications and 9 out of 10 without pain medications. The quality of sleep was fair. The injured worker reported the medications were working with no side effects. The injured worker was working 20-25 hours per week. The physical exam of the right shoulder noted restricted movement with flexion of 120 degrees and abduction of 110 degrees. There was tenderness with palpation in the acromioclavicular joint, coracoid process, glenohumeral joint and subscapularis. The injured worker previously received the following treatments prescriptions for Pennsaid solution 2%, Zorvolex capsules 18mg Amitriptyline 25mg 1-2 capsules at night, Lidoderm Patches 5% since March 27, 2015, ThermaCare heat wrap since March 27, 2015, Nortriptyline 25mg capsules take 1-2 capsules by mouth at bedtime since March 27, 2015 and Celebrex 200mg capsules take 1 twice daily as needed since March 27, 2015. The RFA (request for authorization) dated the following treatments were requested prescriptions for Pennsaid solution 2% supply 30 quantity 112 with 0 refill, Zorvolex capsules 18mg day supply 30 quantity 60, Amitriptyline 25mg 1-2 capsules at night quantity 60, Lidoderm Patches 5% quantity 30 refills 1, ThermaCare heat wrap apply one patch as needed quantity 30 refill 1, Nortriptyline 25mg capsules take 1-2 capsules by mouth at bedtime as needed quantity 60 refills

1 and Celebrex 200mg capsules take 12 twice daily as needed quantity 60 with one refill. The UR (utilization review board) denied certification on September 21, 2015; for prescriptions for Pennsaid solution 2% supply 30 quantity 112 with 0 refill, Zorvolex capsules 18mg day supply 30 quantity 60, Amitriptyline 25mg 1-2 capsules at night quantity 60, Lidoderm Patches 5% quantity 30 refills 1, ThermaCare heat wrap apply one patch as needed quantity 30 refill 1, Nortriptyline 25mg capsules take 1-2 capsules by mouth at bedtime as needed quantity 60 refills 1 and Celebrex 200mg capsules take 12 twice daily as needed quantity 60 with one refill. 

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex Cap 18mg day supply: 30 qty: 60 refills: 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant is a 53 year-old female with date of injury of 0/28/2008 with chronic right shoulder pain. The request is Zorvolex (Diclfenac), an NSAID. MTUS guidelines state that NSAIDs are not recommended for long-term use. They are recommended at the lowest dose for the shortest time period. Long-term use is associated with cardiovascular and GI side effects. In this case, the patient is also using a topical NSAID (Pennsaid) plus a second oral NSAID (Celebrex). No rationale is given for the use of 3 NSAIDs, which combined increase the risk of adverse reactions. Therefore the request is not medically necessary or appropriate.

Celebrex 200mg capsule, take 12 twice daily as needed qty: 60 refill: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Celebrex is an NSAID indicated for the treatment of mild to moderate osteoarthritis pain. Long-term use carries the risk of cardiovascular and GI side effects. It should be used at the lowest dose for the shortest period of time. This patient shows no evidence of functional improvement with the use of Celebrex. In addition, the patient is also using a topical NSAID (Pennsaid) and another oral NSAID (Zorvolex), for a total of 3 NSAIDs. There is no rationale provided for the use of 3 NSAIDs, which increases the possibility of adverse effects. Therefore the request is not medically necessary or appropriate.