

Case Number:	CM15-0022806		
Date Assigned:	02/12/2015	Date of Injury:	02/14/2011
Decision Date:	03/26/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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: Emergency Medicine

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 44 year old female who sustained a work related injury to her right upper extremity after working in her work station that is incorrectly set up, February 14, 2011. Ergonomic changes were made to her work station and she has received acupuncture and injections to the right lateral elbow. According to a primary treating physician's progress report dated January 8, 2015, the injured worker presented with right upper extremity pain which remained unchanged since the last visit. She states that medications are less effective and the quality of her sleep is poor. Current medications include Celebrex, Lidoderm patch, Trazodone Voltaren Gel, Tramadol, Lexapro and ibuprofen. Objective findings included; ability to ambulate without assisted device and sit comfortably without difficulty or pain; right shoulder positive Hawkins and Neer test; right elbow tenderness to palpation over the lateral epicondyle and positive Tinel's sign; right wrist positive Phalen's test and Tinel's sign and tenderness to palpation over the radial side and light touch sensation is decreased over medical hand on the right side. A recent MRI dated 9/16/2014(report present in the medical record) right elbow reveals, partial tear of the lateral ulnar collateral ligament and tendinosis of the common extensor tendon. Treatment plan included continued use of PneuGel Tennis Elbow Support, refill medications and request for appeal of previously denied acupuncture. Work status is documented as modified duty; no keyboarding typing or mousing for greater than 30minutes, after 30 minutes a 15 minute break is needed. She is currently not working. According to utilization review dated January 26, 2015, the request for Celebrex 100mg #60 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines and ODG Pain Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Celebrex 100mg #60, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note: For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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. The treating physician has documented an ability to ambulate without assisted device and sit comfortably without difficulty or pain; right shoulder positive Hawkins and Neer test; right elbow tenderness to palpation over the lateral epicondyle and positive Tinel's sign; right wrist positive Phalen's test and Tinel's sign and tenderness to palpation over the radial side and light touch sensation is decreased over medical hand on the right side. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 100mg #60 is not medically necessary.