

Case Number:	CM15-0039170		
Date Assigned:	03/09/2015	Date of Injury:	02/22/1999
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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, Washington

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 42-year-old female who reported an injury on 02/22/1999. The mechanism of injury involved repetitive activity. The current diagnoses include chronic bilateral wrist flexor and extensor tendinitis and left infraspinatus and supraspinatus tendinitis. The injured worker presented on 01/27/2015 for a follow-up evaluation. It was noted that the injured worker was pending authorization for additional massage therapy. The injured worker was utilizing Celebrex 200 mg, cyclobenzaprine 7.5 mg, and Terocin lotion. Upon examination, there was 5/5 motor strength in the bilateral upper extremities, 110 degree right shoulder abduction with pain, 120 degree left shoulder abduction, tenderness over the left greater than right trapezius region with several trigger points palpated, and a positive impingement sign on the left. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 01/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker has utilized the above medication since at least 01/2012. The injured worker does not maintain any of the above-mentioned diagnoses. The guidelines do not recommend long-term use of NSAIDs. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Menthoderm (dosage & quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there was no documentation of a failure of first line oral medication. There was no specific strength, frequency, or quantity listed in the request. Therefore, the request is not medically appropriate.

Fexmid 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has utilized the above medication since 01/2012. The guidelines would not support long-term use of this medication. There is also no evidence of objective functional improvement. The request as submitted failed to indicate a frequency. Given the above, the request is not medically appropriate.