

Case Number:	CM14-0130355		
Date Assigned:	08/20/2014	Date of Injury:	09/01/2010
Decision Date:	09/24/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported an injury on 09/01/2010 who reportedly sustained injuries from repetitive use of her upper extremities. Her job description included typing, data entry, filing, posting checks to patients' accounts. Injured worker's treatment history included anti-inflammatory medications, patches, x-rays, cortisone injections, physical therapy, EMG/NCV studies and extracorporeal shockwave. The injured worker was evaluated on 08/13/2014 was it was documented that the injured worker complained of lateral elbow pain, and shoulders, wrists rated 5/10. The injured worker has been attending shockwave therapy. There was noted numbness and tingling in the hands. Physical examination of the elbow revealed tenderness in the medial and lateral epicondyle region. There was a positive Cozen's test and Tinel's test. Physical examination of the shoulders revealed tenderness in the parascapular region. The range of motion and flexion was 140 degrees, extension was 25 degrees, abduction was 140 degrees, adduction was 75 degrees, external rotation was 60 degrees, and internal rotation was 60 degrees. There was a positive impingement test and cross arm test. Physical examination of the wrist revealed tenderness in the flexor and extensor compartments. There was a positive Finkelstein's test with limited range of motion. Medications included Celebrex 200 mg and Prilosec 200 mg. Diagnoses included right wrist tendonitis, right de Quervain's tenosynovitis, right medial and lateral epicondylitis, right cubital tunnel syndrome, right shoulder impingement tendonitis, right carpal tunnel release, and left carpal tunnel release. The Request for Authorization dated 07/02/2014 was for Celebrex 200 mg and Prilosec 200 mg. The provider indicated the injured worker was positive for gastrointestinal symptoms to include diarrhea and stomach pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-anti-inflammatory drugs) Page(s): 67.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that Celebrex is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. There was lack of documentation stating the efficiency of the Celebrex for the injured worker. The request failed to indicate frequency and duration of medication of medication. Given the above, the request prospective use of Celebrex 200 mg # 30, is not medically necessary.

Prospective use of Prilosec 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Omeprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation indicated the injured worker having gastrointestinal events and the Omeprazole resolves the issue, however the request lacked frequency and duration of the medication for the injured worker. Given the above, the request for prospective use of Prilosec 200 mg # 60 is not medically necessary.