

Case Number:	CM14-0143334		
Date Assigned:	09/10/2014	Date of Injury:	06/04/2002
Decision Date:	10/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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 Orthopedic Surgery, and is licensed to practice in California. 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 claimant is a 61-year-old female who was injured on 06/04/02. The medical records provided for review included the clinical report dated 08/13/14 documenting left wrist pain, that the claimant was not working, and had not sustained new injuries, accident or change in symptoms. The claimant's symptoms included numbness in a median nerve distribution. Objectively, examination revealed full range of motion, tenderness of the dorsum and volar aspect of the wrist, and positive Phalen's and Tinel's testing. The working diagnoses were cervical disc protrusion, ulnar neuritis and carpal tunnel syndrome. The recommendation was made for a wrist brace to use at night and a prescription for Celebrex for four months' time with a two month follow up visit. There were no imaging or electrodiagnostic studies provided for review. This request is for Celebrex including three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 Three Refills: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the request for continued use of Celebrex with three refills cannot be recommended as medically necessary. The Chronic Pain Guidelines recommend that nonsteroidal medication should be utilized at the lowest dose possible for the shortest period of time possible in the chronic setting. The claimant's diagnosis is carpal tunnel syndrome with no acute clinical findings. The claimant's date of injury is greater than twelve years ago. Therefore, the chronic use of Celebrex for four months' time, based on the prescription, cannot be deemed medically necessary.