

Case Number:	CM14-0162312		
Date Assigned:	10/07/2014	Date of Injury:	12/03/2003
Decision Date:	11/03/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine and Rehabilitation 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 patient is a 68 year-old male with the date of injury of 12/03/2003. The patient presents with pain in his right upper extremity, radiating down his right hand and his right finger with aching, sharp, throbbing and nagging pain. The patient rates his pain as 5/10 on the pain scale. The pain is worse by his activities or lifting. The patient is currently taking Celebrex, Glucosmine, Neurontin, and limited amount of Percocet. According to [REDACTED] report on 08/19/2014, diagnostic impressions are: 1) Right carpal tunnel syndrome, S/P surgical release in 2004) Chronic pain in the right hand due to above The utilization review determination being challenged is dated on 09/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports on 04/14/2014 to 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cosamin DS 500mg-400mg-16mg 3 capsule 1 TID for 30 days #90, with refills 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Orthonc.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Glucosamine/Chondroitin for arthritic knee pains

Decision rationale: The patient presents constant and mild pain in his right upper extremity due to carpal tunnel syndrome. He is s/p right carpal tunnel release in 2004. The request is for Cosamin DS 500mg -400mg-16mg 3 capsules 1 TID for 30 days #90, with refills 5. ODG guidelines support the use of Glucosamine for arthritic knee pain but not for other conditions. In this case, there is no evidence that the patient suffers from arthritic knee condition. Recommendation is for denial.

Celebrex 200mg capsule 1 QD for 30 days #30 with refills 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain NSAIDs, GI symptoms & cardiovascular risk Page(s): 60, 61, 69.

Decision rationale: The patient presents constant and mild pain in his right upper extremity due to carpal tunnel syndrome. He is s/p right carpal tunnel release in 2004. The request is for Celebrex 200mg capsule 1QD for 30 days #30 with refills 5. MTUS guidelines recommend anti-inflammatories to reduce pain. MTUS guidelines state that COX-2 (Celebrex) may be considered if the patient has a risk of GI complications with caution. There are no reports that specifically discuss the request or the patient's gastric problems either. There is no indication of exactly when the patient began using Celebrex or how Celebrex has been helpful in terms of decreased pain or functional improvement. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. Recommendation is for denial.