

Case Number:	CM14-0168014		
Date Assigned:	10/15/2014	Date of Injury:	10/02/2009
Decision Date:	11/18/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/13/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 37 year old employee with date of injury of 10/22/2009. Medical records indicate the patient is undergoing treatment for thoracic outlet syndrome, carpal tunnel syndrome and injury of hand. She is status post carpal tunnel surgery (2010) and status post IGG3 Deficiency, Septic Arthritis to the right elbow (2011). Subjective complaints include pain and tightness due to using her right upper extremity more than the left. She has muscle weakness, joint pain and swelling in the extremities. Physical therapy gave her limited improvement in pain and active range of motion. She admits to increased anxiety and depression over her UL symptoms and her fear of another aseptic arthritis attack. Objective findings include marked straightening of the cervical lordosis, thoracic kyphosis and lumbar lordosis. The right shoulder is maintained in elevated position compared to the left. There were severe myofascial trigger points in the cervicothoracic paraspinal and trapezius muscles. There was tenderness with light palpation to the right forearm dorsal compartment. Adson's maneuver on the right was positive, on the left it was positive with diminishment of the radial pulse to brachial plexus stretching. There was positive hypesthesia on the right in both the median and radial nerve distribution. Treatment has consisted of physical therapy (with limited improvement), Oxycodone, Hydrocodone/Acetaminophen and Celebrex. Other prescribed medications include Abilify, Deplin, Diazepam, Lithium Carbonate, Metoprol Tartrate, Necon, Nuvigil, Relpax, Vivelle and Wellbutrin. The utilization review determination was rendered on 9/11/2014 recommending non-certification of Prospective use of Hydrocodone/Acetaminophen 10/325 mg #150 with 1 refill and Prospective use of Celebrex 200 mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Hydrocodone/Acetaminophen 10/325 mg #150 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Opioids Page(s): 51 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question Prospective use of Hydrocodone/Acetaminophen 10/325 mg #150 with 1 refill is not medically necessary.

Prospective use of Celebrex 200 mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs Page(s): 22, 30, 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, GI symptoms and cardiovascular risk

Decision rationale: Anti-inflammatory medications are the traditional first line treatment for pain, but COX-2 inhibitors (Celebrex) should be considered if the patient has risk of GI complications, according to MTUS. The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications. Risk factors for GI bleeding according to ODG include: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID (e.g., NSAID + low-dose ASA. The medical records do not indicate that the patient is undergoing treatment for any of the FDA approved uses such as osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis in patients 2 years and older, ankylosing spondylitis, and primary dysmenorrhea. Additionally, the treating physician does not document failure of primary (Tylenol) treatment and objective functional improvement with use of Celebrex. In addition MTUS recommends that NSAIDs be utilized for the shortest time

period possible. As such, the request for Prospective use of Celebrex 200mg #60 with 1 refill is not medically necessary.