

Case Number:	CM14-0215899		
Date Assigned:	01/05/2015	Date of Injury:	06/21/2007
Decision Date:	02/28/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 57-year-old female with a date of injury on 06/21/2007. Documentation from 01/31/2014 indicated the injured worker sustained a crush injury to the right middle finger. Physician documentation from 01/31/2014 indicated the diagnoses of right long finger metacarpophalangeal joint post traumatic arthritis, radial collateral ligament instability of the right long finger metacarpophalangeal joint, right shoulder impingement syndrome, status post right long finger metacarpophalangeal joint ascension prosthetic arthroplasty of long finger metacarpophalangeal joint, status post reconstruction of radial collateral ligament of right long finger with local tissue, and right shoulder Kenalog injection for treatment of impingement syndrome. Subjective findings from 11/07/2014 were remarkable for residual deformity and weakness to the right hand along with progressive pain in the forearm and hand. Physical examination performed on this date was remarkable for full range of motion to the bilateral upper extremities except for the right hand; index, long ring, and small finger joint subluxation and ulnar drift with extensor subluxation; mild swan neck deformity of the long finger; mild thumb discomfort with stress and grind of the first carpometacarpal joint; mild signs for lateral epicondylitis; and tenderness along the extensor forearm musculature. Physician documentation from 11/07/2014 noted an impression of extensor forearm strain and lateral epicondylar symptoms status post right long metacarpophalangeal joint reconstruction with progressive index through the small finger metacarpophalangeal subluxation. X-rays of the right hand and wrist performed on 11/07/2014 revealed lysis surrounding right long finger arthroplasty site, mild flexion deformity, ulnar deviation through the metacarpophalangeal joints,

and mild joint osteoarthritis which was noted to be severe in the ring finger. Medical records provided refer to prior treatments and therapies that included the above listed surgical procedures along with bilateral carpal tunnel release surgery, cortisone injection to the hand, rest, use of ice, and a medication history of Tylenol, Motrin, and Tramadol. Physician documentation from 07/15/2013 noted the injured worker to be able to perform activities of daily living but with extra discomfort, noting that she can carry light to medium objects; perform moderate activities for up to 2 minutes; climb a flight of stairs, but with a lot of difficulty; stand or walk up to thirty minutes; reach and grasp something off a shelf at chest level and overhead, but with a lot of difficulty; can push and pull light objects; grip, grasp, hold or manipulate objects with her hand with a lot of difficulty; repetitive activities with computer or typing and forceful activities with the arms and hand are performed with a lot of difficulty; and she cannot kneel, bend, or squat. The medical records provided did not indicate the effectiveness of the injured worker's medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. Medical records from 11/07/2014 noted a disability work status of permanent and stationary from documentation on 01/08/2009 with the treating physician continuing this status. On 12/19/2014, Utilization Review non-certified the prescription for Celebrex 200mg for a quantity of sixty per form dated 12/16/2014. The Utilization Review based their decision on MTUS Chronic Pain Medical Treatment Guidelines (07/18/2009), page 22, Anti-inflammatory medications, noting that a cyclooxygenase-2 inhibitor medication may be recommended if there is a risk of gastrointestinal complications with use of nonsteroidal anti-inflammatories. The Utilization Review also noted that the documentation provided did not indicate any gastrointestinal diagnosis or evidence of a risk for a gastrointestinal event that would support the use of a cyclooxygenase-2 inhibitor such as Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory's Page(s): 22.

Decision rationale: This patient presents with right hand and forearm pain. The patient is status post right long finger arthroplasty from 01/06/2010. The treater is requesting Celebrex 200mg #60 per 12/16/2014 request. The MTUS Guidelines page 22 on antiinflammatory medications state that antiinflammatories are the traditional first line treatment to reduce pain, so activity and functional restoration can resume but long-term use may not be warranted. The records do not show a history of Celebrex use. The patient's current list of medication includes tramadol, Tylenol, and Motrin. The treater would like the patient to try this anti-inflammatory for her pain. In this case, the MTUS Guidelines support antiinflammatory medications as first line treatment and the request is appropriate. The request is medically necessary.