

Case Number:	CM15-0013168		
Date Assigned:	01/30/2015	Date of Injury:	06/25/2008
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/22/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 63 year old female who sustained a work related injury on 06/25/08. She reports joint pain rated at 8/10 with medications and 10/10 without medications. Diagnoses include bilateral wrist de Quervain's tenosynovitis, bilateral wrist flexor tendinosis and bilateral arm flexor tendinosis, right index finger MCP joint radial collateral ligament strain, bilateral wrist strains, bilateral hand 1st CMC joint capsulitis, bilateral forearm & MCP joint capsulitis, and right elbow medial epicondylitis. Treatment to date includes medications, splinting, therapy, and advice regarding hand use and ergonomics. In a progress note dated 12/08/14 the treating provider reports ergonomic changes have not been made at work. Treatment plan consists of pain medications. On Utilization Review non-certified Norco, citing MTUS guidelines. Additionally Celebrex was non-certified, citing non-MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg, 1 Capsule Orally Bid #60 Refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Drugs Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Celebrex (celecoxib) is a medication in the selective non-steroidal anti-inflammatory drug (NSAID) class. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation concluded the worker was suffering from wrist pain and rheumatoid arthritis. The recorded pain assessments were minimal and described only minimal improved pain intensity and function with the medications. There was no discussion exploring the potential negative effects, describing monitoring for complications, or detailing the workers individualized risk. In the absence of such evidence, the current request for sixty tablets of Celebrex (celecoxib) 200mg taken as one tablet twice daily and one refill is not medically necessary.

Norco 10-325 Mg, 1/2 To 1 Tablet Bid Prn Pain #60 Refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95; 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation concluded the worker was suffering from wrist pain and rheumatoid arthritis. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no discussion describing how long the benefit from this specific medication lasted, how often it was needed and used, how it was determined the lowest dose was prescribed, or the amount of time it took to achieve pain relief. In the absence of such evidence, the current request for sixty tablets of Norco (hydrocodone with acetaminophen) 10/325mg taken as a half to a whole tablet twice daily as needed for pain and one refill is not medically necessary. Because the potentially serious risks

outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.