

Case Number:	CM15-0110493		
Date Assigned:	06/17/2015	Date of Injury:	12/18/2007
Decision Date:	07/15/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 43 year old male who sustained a work related injury December 18, 2007. While working as a package handler, he developed persistent left wrist pain. Past history included dorsal ganglion excision, capsulotomy, dorsal capsulodesis left wrist, November 2001, modified Brunelli dorsal capsulodesis, flexor carpi radialis tendon transfer left wrist September 2008, removal of pin left wrist November 2008, and s/p scaphocapitate fusion September 2013. The most recent treating physician's progress report, dated March 30, 2015, finds the injured worker presenting with complaints of left wrist pain, rated 4.5 with medication. Pain is rated 7/10 without medication. He sleeps well with a wrist brace at night. He would like a wrist support for daytime. Current medication included Celebrex, Testim, Neurontin, Lidocaine lotion, and Norco. Physical examination of the left wrist revealed range of motion restricted with palmerflexion limited to 20 degrees by pain, dorsiflexion limited to 20 degrees and supination limited by pain. There is tenderness to palpation over the radial side. Diagnosis is documented as left wrist pain. At issue, is the request for authorization for Celecoxib.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib 200mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71.

Decision rationale: The claimant sustained a work-related injury in December 2007 and continues to be treated for left wrist pain. When seen, he was using a wrist brace. His BMI was nearly 44. There was decreased and painful wrist range of motion with tenderness and decreased median nerve distribution sensation. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib) over a non-selective medication. The request is not medically necessary.