

<b>Case Number:</b>	CM15-0116897		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: 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:

The injured worker is a 53 year old female who reported an industrial injury on 4/26/2012. Her diagnoses, and/or impressions, are noted to include: pain in joint of lower leg; pain in joint of upper arm, elbow, forearm and wrist; ulnar nerve lesion; and major depressive disorder. The history notes a previous industrial injury to the neck in 2001. No current imaging or electrodiagnostic studies or x-rays are noted. Her treatments are noted to include a qualified medical evaluation; psychiatric evaluation and treatment; physical therapy; ice therapy; laboratories for co-morbid conditions; a home exercise program; trans-cutaneous electrical stimulation unit therapy; medication management; and modified work duties. The progress notes of 5/22/2015 reported a follow-up visit for complaints of severe pain in her right knee, ongoing, severe pain in her right wrist, and worsening depression. She stated that her medications were just not working and that overall, her condition is worsening. She reported being under a lot of stress and that her work is letting her go due to her inability to work full time. Objective findings were noted to include the appearance of moderate pain; painful ulnar deviation beyond degrees with tenderness over the "TFCC" and positive Formant's and Wartenberg signs in the right hand; tenderness over the right knee joint line without effusion and with negative testing; satisfactory hygiene and self-care with noted depression and sadness; and no clear physiologic condition requiring work restrictions, no evidence of ulnar neuropathy, and that depression could be affecting her recovery. It was noted that she is not interested in any more procedures on her knee and has decided to cancel the appointment. The physician's requests for treatments were noted to

include the continuation of Celebrex, and an initial evaluation for a functional restoration program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Celebrex 200mg 1 tab by mouth daily #30 (prescribed 05/22/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Celebrex 200mg 1 tab by mouth daily #30 (prescribed 05/22/15) is not medically necessary or appropriate.

**Initial evaluation for functional restoration program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), pages 30-34, 49.

**Decision rationale:** The patient remains functionally unchanged for this chronic injury of April 2012. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; a level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and a clinical problem for which a return to work can be anticipated upon completion of the services; however, the patient is already on modified restrictions without total disability. The patient has unchanged chronic pain symptoms and non-progressive clinical presentation for this chronic injury of 2012 as the patient has remained functionally unchanged, on chronic opioid medication without specified functional improvement from extensive therapy treatments already rendered. There is also no psychological treatment trial rendered or functional improvement if any to meet criteria for functional

restoration program. The Initial evaluation for functional restoration program is not medically necessary or appropriate.