

Case Number:	CM15-0119442		
Date Assigned:	07/01/2015	Date of Injury:	03/25/2013
Decision Date:	08/18/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/19/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 50-year-old, female who sustained a work related injury on 3/25/13. The diagnoses have included status post left hand, 3rd and 4th fingers trigger finger release, left 3rd and 4th interphalangeal arthrofibrosis, left 3rd and 4th interphalangeal joint edema, bone cyst and osteoarthritis of left long and ring fingers proximal interphalangeal joints. Treatments have included ice therapy, medicated cream, oral medications, finger injections, physical therapy x 6 visits, and left fingers surgery. In the Primary Treating Initial Comprehensive Orthopedic Evaluation report dated 5/18/15, the injured worker complains of pain in her left ring and middle fingers and left hand. She complains of moderate to severe pain in her left fingers. She rates this pain level a 7-8/10. She states she has constant pain radiating to her left shoulder, neck and hand with associated numbness, tingling, burning, throbbing, stabbing, electrical, aching, dull, and sharp sensations along with stiffness, locking, weakness, and sensitive to touch. She has limited range of motion with activities such as flexion, extension, rotation, lifting, pulling, pushing, carrying, gripping, grasping, twisting, and turning. She has moderate pain in her left hand. She rates this pain level a 4/10. She complains of constant pain radiating proximally to her fingers, left arm, shoulder and neck with associated numbness, tingling, burning, throbbing, stabbing, electrical, aching, dull, and sharp sensations along with stiffness, locking, weakness, and sensitive to touch. She has limited range of motion with activities such as flexion, extension, rotation, lifting, pulling, pushing, carrying, gripping, grasping, twisting, and turning. She has difficulties performing activities of daily living. Upon physical examination, she has some limited movement of 3rd and 4th fingers. She has some contractures with these fingers. The treatment plan includes a request for authorization of baseline lab work and urine drug screen, a prescription for Celebrex and for an MRI of the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, NSAIDS Page(s): 30, 68-70.

Decision rationale: Per CA MTUS guidelines, "Celebrex is the brand name for celecoxib, and it is produced by Pfizer. Celecoxib is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor." Used in the treatment of symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. They are recommended for osteoarthritis pain and chronic back pain for short-term symptomatic pain relief. "Evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Clients who take NSAIDS run the risk of developing gastrointestinal or cardiovascular events. She has been taking Naproxen and /or Ibuprofen for several months. There is no dosing or frequency noted for taking this medication in the request for Independent Medical Review application or Utilization Review. There is only dosing information noted on this order for the Celebrex. There are no changes in pain levels, no documentation noted that this medication is helping pain or documentation to note if it is improving her functional capabilities on the non-steroidal anti-inflammatories (NSAIDs) she is already taking. Therefore, the request for Celebrex is not medically necessary.

MRI of the left hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 271-272.

Decision rationale: Per CA MTUS, ACOEM Guidelines, "for most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." This injured worker had conservative treatments done prior to surgery on fingers. An MRI of the hand was not completed prior to surgery. She continues to have problems with fingers even after surgery. An MRI of the left hand has been ordered to look at flexor tendon issues. The original order for an MRI of the left hand was requested per the hand surgeon during a visit with the injured worker on 4/28/15. The orthopedic specialist agreed with the hand surgeon's request for an MRI of the hand to be completed to address further surgical or conservative treatments. Since there was a prior request for an MRI of the left hand from the hand surgeon, this request for an MRI of the left hand is not medically necessary.

UA Tox Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, this was not found to be medically necessary. Therefore, the requested urine drug screenings are not medically necessary.

CBC, CRP, CPK, Chem 8, Hepatic and Arthritis Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-70.

Decision rationale: Per CA MTUS guidelines, non-steroidal anti-inflammatories (NSAIDs) have potential side effects that may affect the gastrointestinal, cardiovascular, hepatic and renal systems. "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." There are no side effects noted by the provider that the injured worker has complained about that warrant the need for the lab work. The provider does not document concern for issues that would require the lab work be obtained. Therefore, the requested treatments of CBC, CRP, CPK, Chem 8 and Arthritis Panel are not medically necessary.