

Case Number:	CM15-0120588		
Date Assigned:	07/01/2015	Date of Injury:	06/14/2013
Decision Date:	08/04/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/22/2015

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: California, North Carolina

Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 06/14/2013. He has reported injury to the bilateral upper extremities. The diagnoses have included stenosing flexor tenosynovitis, right thumb, associated with stiffness, status post previous steroid injection on 09/16/2014, with initial resolution, now with recurrence, moderately severe; status post endoscopically-assisted right carpal tunnel release of the right ulnar nerve, in situ, at the level of the elbow, on 06/16/2014; and status post endoscopically-assisted left carpal tunnel release with a concurrent in situ release of the left ulnar nerve at the cubital tunnel, on 12/23/2014. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Ibuprofen and Norco. A progress report from the treating physician, dated 05/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of the persistent enlargement or swelling to the palmar aspect of the right thumb at the metacarpophalangeal joint; he received a steroid injection to the flexor sheath of the right thumb at the time of the right carpal tunnel release on 09/16/2014; the triggering of the right thumb resolved, and over time they came back; now he has very substantial pain over the volar aspect of the right thumb at the metacarpophalangeal joint, which is rated as being about 8 out of 10 on a pain scale; he is taking Ibuprofen 800mg multiple times per day to help treat that; associated symptoms are diminished pinch and grip strength and diminished dexterity of the right thumb; and resting the hand tends to make it better. Objective findings included decreased Jamar grip strengths on the right, as compared to the left; his palmar incisions are healing well; he has resolved the edema normally associated with the carpal tunnel

release; the incisions at the bilateral median elbows have healed well without scar hypertrophy; normal mobility of the bilateral elbows and wrists; he has a very enlarged soft tissue mass which is firm and non-mobile on the volar aspect of the metacarpophalangeal joint to the right thumb; he demonstrates active triggering of the right thumb; he is very tender to palpation at the #1 pulley; and there is significant grinding and crepitus noted when he attempts to flex and extend the interphalangeal joint of the right thumb while palpating the #1 annular pulley. The treatment plan has included Celebrex #30 with 5 refills; and Keflex 500mg #20 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex (COX-2 inhibitors).

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

Decision rationale: Celebrex is a selective COX-2 NSAID. It is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. In this case, Celebrex is requested as a post-op medication for 6 months' duration following a tenovagotomy procedure of the right thumb. There is no indication of any separate need or prolonged NSAID therapy in this case. Celebrex can be indicated if the patient has a demonstrated risk of GI complications, but it is not indicated for the majority of patients. This patient does not have increased GI risk factors. In addition, the chronic use of NSAIDs has been questioned in the healing of musculoskeletal injuries. Based on the above evidence, this request is deemed not medically necessary or appropriate.

Keflex 500mg #20 with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOS/ASSH Guidelines.

Decision rationale: CA MTUS/ODG does not address the use of prophylactic antibiotics in clean, elective surgeries. In this case, the patient has requested a tenovagotomy of the right thumb. The AAOS and ASSH both state that prophylactic antibiotics are discouraged in elective, clean cases not involving an implant. Therefore, this patient does not meet the criteria for the request of prophylactic Keflex 500 mg bid for 10 days. The request is not medically necessary.