

Case Number:	CM15-0161435		
Date Assigned:	08/28/2015	Date of Injury:	10/05/2002
Decision Date:	11/05/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/18/2015

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: Arizona, California

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 56-year-old female who sustained an industrial injury on 10-05-2002. Medical records indicated the worker was treated for long term medications, chondrosternal sprain, painful respiration, and depression. In the provider notes of 06-01-2015, the worker is seen for right sternal pain. Approximately 12 years ago, she had a fracture of the sternum that was undiagnosed for 9 months until it healed wrong. The sternum was wired back together, and found later the wiring had broken and took part of the bone with it. Since then the worker has been in chronic pain. Her medications include Naproxen, triazolam, oxycodone, Amitriptyline, Effexor XR 75 mg and Effexor XR 150mg, Celebrex, Colace, Lovastatin and Lidoderm patches. The worker has been on amitriptyline since at least 12-03-2013, and had been on Celecoxib up until May 2014 when it was discontinued and Naprosyn was started. The worker related that she has not had satisfactory pain control since being taken off Celecoxib and wishes it re-instated. Prior attempts to wean off Amitriptyline resulted in increased pain. Objectively, the worker has a scar that follows the contour of both breasts that joins in the middle at about the sternum. On observation, there is nothing visibly abnormal. A request for authorization was submitted for 08/07/2015 Celecoxib 200mg, and Amitriptyline HCL 10mg. A utilization review decision 08-07-2015 partially certified Celecoxib 200mg, approving a one-month supply, and partially certified Amitriptyline HCL 10 mg for a one-month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. The claimant was also on opioids, topical analgesics, SNRIs and NSAIDS (traditional NSAIDS). In this case, there was no indication of GI risk factors since the claimant was on multiple NSAIDS. The Celebrex (Celecoxib) is not medically necessary.

Amitriptyline HCL 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline, Antidepressants for chronic pain.

Decision rationale: Amitriptyline and tricyclics are considered 1st line for chronic back pain, fibromyalgia, and neuropathic pain. In this case, the claimant had chondrosternal sprain and chest wall pain. Amitriptyline is not indicated for these diagnoses. There is no indication of Tylenol failure. The claimant was also on opioids, topical analgesics, SNRIs and NSAIDS (Cox inhibitors and traditional NSAIDS). The use of Amitriptyline is not medically necessary.