

<b>Case Number:</b>	CM15-0070227		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	04/10/2006
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

### 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 an industrial injury on 4/10/06. The injured worker was diagnosed as having tenosynovitis of hand/wrist, trigger finger and carpal tunnel syndrome. Treatment to date has included bilateral wrist splints, heat and ice, home exercise program, medications, and joint injections. Reports from October 2014 to April 2015 were submitted. In January 2015, the physician provided the injured worker with samples of Celebrex to see if this would improve her symptoms. Work status was noted as off work. In February 2015, treatment plan was documented to include continuation of both Naproxyn and flurbiprofen/lidocaine. At a visit on 4/2/15, the injured worker complains of significant pain in thumbs at the base of the wrists with numbness and tingling of the thumb, index and middle fingers of both hands and discomfort at the extensor areas of both distal forearms. She was noted to be performing exercises as instructed and wearing bilateral splints, which were helpful. On physical exam, tenderness is noted at the base of the thumbs with pinch between thumb/index /middle fingers being fair. The treatment plan consisted of continuation of daily wrist/hand exercise program and using non-steroidal anti-inflammatory drugs (NSAIDS) as prescribed. Work status was noted as retired. On 4/13/15, Utilization Review (UR) non-certified retrospective usage of Norco 5/325 #90 (DOS 2/26/15), retrospective usage of Celebrex 200 mg #60 (DOS 2/26/15), prospective use of norco 5/325 #90 with 1 refill, and prospective use of Celebrex 200 mg #60 with 1 refill, citing the MTUS. The Utilization Review determination notes previous use of Norco and refers to reports from September 2014 and prior which note prescription of hydrocodone/acetaminophen. The UR determination notes that submitted records

lacked documentation indicating pain severity, risk assessment profile, attempt at weaning/tapering, and updated pain contract, and that based on prior review, the injured worker should have already been weaned from Norco.

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

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

**Retrospective request for Norco 5/325mg, #90, provided on date of service: 02/28/15:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, criteria for use, Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic wrist and hand pain. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Initiation of a trial of opioids should be part of a treatment plan, and baseline pain and functional assessments should be made. There should be at least one physical and psychological assessment by the treating physician to assess whether a trial of opioids should occur. In this case, the submitted records do not include the documentation of prescription of norco or any reason for use of opioids. There was no discussion of functional goals, use of random drug testing, or opioid contract. None of the submitted reports discuss use of norco. The injured worker was noted to be off work/retired. There was no documentation of a physical or psychological assessment for the use of opioids. The Utilization Review determination notes prior prescription of norco in reports from September 2014 and prior. As the current documentation submitted does not include any reason for prescription of norco, functional goals, assessment for use of opioids, or treatment plan for opioids in accordance with the MTUS, the request for norco is not medically necessary.

**Retrospective request for Celebrex 200mg, #60, provided on date of service: 02/28/15:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication p. 22 NSAIDS p. 67-73 Page(s): 22, 67-73.

**Decision rationale:** Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of

NSAIDs for long-term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS chronic pain medical treatment guideline identifies documentation of high risk of GI complications with NSAIDs as criteria necessary to support the medical necessity of Celebrex. This injured worker has been prescribed NSAIDs for at least three months. Celebrex samples were noted to have been provided to the injured worker in January 2015. Naproxen and flurbiprofen were noted to be continued in February 2015. The most current report from April 2015 notes a plan to continue NSAIDs. There was no documentation of high risk of gastrointestinal complications for this injured worker. There was no documentation of functional improvement as a result of use of celebrex or other NSAIDs. Work status remains off work/retired, and there was no discussion of improvement in activities of daily living, reduction in medication use, or decrease in frequency of office visits. Due to lack of specific indication (high risk of GI complications), and lack of functional improvement, the request for celebrex is not medically necessary.

**Norco 5/325mg, #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, criteria for use, Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-96.

**Decision rationale:** This injured worker has chronic wrist and hand pain. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies and chronic back pain. Initiation of a trial of opioids should be part of a treatment plan, and baseline pain and functional assessments should be made. There should be at least one physical and psychological assessment by the treating physician to assess whether a trial of opioids should occur. In this case, the submitted records do not include the documentation of prescription of norco or any reason for use of opioids. There was no discussion of functional goals, use of random drug testing, or opioid contract. None of the submitted reports discuss use of norco. The injured worker was noted to be off work/retired. There was no documentation of a physical or psychological assessment for the use of opioids. The Utilization Review determination notes prior prescription of norco in reports from September 2014 and prior. As the current documentation submitted does not include any reason for prescription of norco, functional goals, assessment for use of opioids, or treatment plan for opioids in accordance with the MTUS, the request for norco is not medically necessary.

**Celebrex 200mg, #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication p. 22 NSAIDS p. 67-73 Page(s): 22, 67-73.

**Decision rationale:** Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS chronic pain medical treatment guidelines identify documentation of high risk of GI complications with NSAIDS as criteria necessary to support the medical necessity of Celebrex. This injured worker has been prescribed NSAIDS for at least three months. Celebrex samples were noted to have been provided to the injured worker in January 2015. Naproxen and flurbiprofen were noted to be continued in February 2015. The most current report from April 2015 notes a plan to continue NSAIDS. There was no documentation of high risk of gastrointestinal complications for this injured worker. There was no documentation of functional improvement as a result of use of celebrex or other NSAIDS. Work status remains off work/retired, and there was no discussion of improvement in activities of daily living, reduction in medication use, or decrease in frequency of office visits. Due to lack of specific indication (high risk of GI complications), and lack of functional improvement, the request for celebrex is not medically necessary.