

Case Number:	CM15-0078612		
Date Assigned:	04/29/2015	Date of Injury:	07/07/2008
Decision Date:	05/29/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old female, who sustained an industrial injury on 7/7/2008. The current diagnoses are reflex sympathetic dystrophy, carpal tunnel syndrome, and bicipital tenosynovitis. According to the progress report dated 12/9/2014, the injured worker complains of ongoing, constant pain in the left wrist, elbow, and shoulder. It radiates from her neck to her fingers. The pain is described as shooting, aching, radiating, and stinging. Associated symptoms included numbness, tingling, swelling, and weakness. The pain is rated 7/10 on a subjective pain scale. Additionally, she reports difficulty sleeping due to pain. The current medications are Terocin lotion, Lidoderm patch, Quazepam, Lyrica, and Aspirin. Treatment to date has included medication management. The plan of care includes prescription for Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on 7/7/2008. The medical records provided indicate the diagnosis of reflex sympathetic dystrophy, carpal tunnel syndrome, and bicipital tenosynovitis. Treatments have included Terocin lotion, Lidoderm patch, Quazepam, Lyrica, and Aspirin. The medical records provided for review do not indicate a medical necessity for Celebrex 100mg #30 with 2 refills. Celebrex is a COX-2 selective NSAID (relatively safe for the Gastrointestinal tract). It is taken at the dose of 200 mg a day (single dose or 100 mg twice a day). Like other NSAIDs, the MTUS recommends it be taken at the lowest dose for the shortest period in patients with moderate to severe pain. The medical records indicate that the utilization reviewer reduced the quantity prescribed to a one month supply in order to evaluate treatment outcome: the injured worker may not tolerate the medication, or it may not be beneficial. Since the injured worker is using this medication for the first time it is not medically necessary to prescribe such a large quantity without review of treatment outcome; this is especially so as this injured worker is also on treatment with Aspirin.