

Case Number:	CM14-0094133		
Date Assigned:	07/25/2014	Date of Injury:	08/28/2007
Decision Date:	09/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/20/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old male who has submitted a claim for spinal/lumbar degenerative disc disease, lumbar radiculopathy, spondylolisthesis (spondylolytic), and lumbar spinal stenosis associated with an industrial injury date of August 28, 2007. Medical records from 2013-2014 were reviewed. The patient complained of right wrist and hand pain, rated 3-6/10 in severity. Medications were working well and no side effects were noted. Review of systems showed positive for heartburn and indigestion. Physical examination showed tenderness over the radial, ulnar and Triangular Fibrocartilage Complex (TFCC) on the right. There was also mild scapholunatic and lunotriquetral tenderness. Range motion was restricted on the right wrist. Motors strength was 4/5 on right grip. Sensation was intact. Electromyography and Nerve conduction velocity (EMG/NCV) of the upper extremities dated February 26, 2013 showed mild to moderate carpal tunnel syndrome on the right. Treatment to date has included medications, home exercise program, activity modification, H-wave, right wrist injections, and lumbar epidural steroid injections. Utilization review, dated June 5, 2014, denied the request for Celebrex 200mg refill times 1 because long-term use was not recommended; and denied the request for Flector patch 1.3% #30 and 1 refill because there was no failure of first-line oral medications and no evidence to support its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg and 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 22.

Decision rationale: Page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of gastrointestinal (GI) complications but not for the majority of patients. In this case, the patient was prescribed Celebrex since at least December 2013. Progress report dated May 7 and 21, 2014 showed that the patient has heartburn and indigestion. However, there was no documentation of functional improvement with Celebrex use. The long-term use of Celebrex is not in conjunction with guidelines recommendation. Furthermore, the present request failed to specify the quantity to be dispensed. Therefore, the request for Celebrex 200mg and 1 refill is not medically necessary.

Flector patch 1.3% #30 and 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Flector Patch.

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain chapter, Flector Patch was used instead. The Official Disability Guidelines state that Flector patches are not recommended as a first line treatment for osteoarthritis and should be used when there is a failure of oral NSAIDs or contraindication to oral NSAIDs. It is FDA recommended for acute sprain, strains and contusions. In this case, the patient has chronic right hand and wrist pain. The patient has been using Flector patches since at least December 2013. There is no documentation of specific and significant functional improvements derived from the use of Flector patches. There is no discussion concerning failure of oral medications. In fact, the patient is also taking Celebrex, a type of NSAID, concomitant with the use of Flector patches. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Flector patches 1.3% is not medically necessary.