

Case Number:	CM13-0007189		
Date Assigned:	03/07/2014	Date of Injury:	07/30/2009
Decision Date:	04/02/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/05/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 63-year-old with a date of injury of 07/30/2009. The listed diagnoses per [REDACTED] dated 10/20/2009 are contusion of head, scalp, or neck (resolving), sprain lumbar region and contusion of toe. The medical file provided for review only contains reports dating 2009. According to report dated 10/20/2009 by [REDACTED], "patient states having temporary relief of pain after last treatment." The following physical therapy procedures were given: myofascial release and therapeutic exercise. There is no physical examination or current list of medications. According to report dated 08/04/2009, patient presents with multiple joint pain especially at the chest wall area, neck, mid and low back. Examination reveals 6/10 pain in paravertebrals thorolumbar area and right upper trapezius. Decreased in ROM (range of motion) was noted on all planes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF CELEBREX 200 MG #60 D/S 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 22.

Decision rationale: The provider is requesting Celebrex 200mg #60. For anti-inflammatory medications, the Chronic Pain Medical Treatment Guidelines states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." In this case, the provider does not discuss this medication's efficacy in any of the reports. The Chronic Pain Medical Treatment Guidelines requires a pain assessment and functional documentation for medication used to treat chronic pain. The request for the pharmacy purchase of Celebrex 200 mg, 60 count over 30 days, is not medically necessary or appropriate.