

Case Number:	CM13-0011401		
Date Assigned:	09/24/2013	Date of Injury:	06/30/2005
Decision Date:	03/04/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 physician 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 reported injury on 06/30/2005. The mechanism of injury was stated to be the patient was lifting a granite countertop. The patient was noted to have pain 5/10 to 7/10 on the pain scale. The patient was noted to have 12 sessions of acupuncture which made the patient pain free for 4 to 5 days. It was further indicated the patient had been taking Celebrex, 1 per month and 1 to 2 Norco 5/325 per month. The patient's diagnoses were noted to include chronic neck and back pain, bilateral shoulder arthralgia, status post anterior cervical decompression surgery on the right at C6-7 in 2005, status post 4 right shoulder surgeries, and status post left shoulder surgery in 2010. The treatment plan was noted to include acupuncture, Celebrex and Medrox, and follow up in 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 1 refill: Upheld

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

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

Decision rationale: The California MTUS guidelines indicate that Celebrex is an anti-inflammatory and is the first line treatment to reduce pain, but long-term use may not be warranted. The clinical documentation submitted for review indicated the patient reported Celebrex helped significantly decrease inflammation, and was taken on an as-needed basis. However, there was a lack of documentation of the functional benefit received from the medication. Additionally, there was a lack of documentation of objective pain relief. Given the above, the request for Celebrex 200 mg #30 with 1 refill was not medically necessary.