

Case Number:	CM13-0037875		
Date Assigned:	12/18/2013	Date of Injury:	11/28/2004
Decision Date:	03/04/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/20/2013

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 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 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 applicant has filed a claim for chronic shoulder, hand, and neck pain reportedly associated with an industrial injury of November 28, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; carpal tunnel release surgery in 2008; shoulder surgery in 2006; unspecified amounts of physical therapy over the life of the claim; and transfer of care to and from various providers in various specialties. An earlier note of July 15, 2013 is notable for comments that the applicant has persistent neck and shoulder complaints. She did use ibuprofen in the past but developed a rash upon completion of the same. Celebrex does not bother her. She exhibits 4/5 shoulder strength with 40% loss of motion. Her BMI is 32. She is given a refill of Celebrex to control her shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib 200mg #60 with 5 refills: Overturned

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

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications do represent traditional first line of treatment. COX-2 inhibitors such as Celebrex or Celecoxib should be considered if an applicant has a risk of GI complications but not in majority of patients. In this case, however, the applicant apparently developed a rash with a traditional NSAID, ibuprofen. An alternate NSAID is therefore indicated. The applicant is described as using Celebrex with reported good effect and no adverse effects such as rash, dermatitis, allergy, etc. Thus, a variance from the guidelines is indicated here, both owing to the applicant's favorable response to Celebrex and owing to the applicant's issues with medication allergy/medication intolerance to ibuprofen. The request is certified on Independent Medical Review.