

Case Number:	CM13-0038579		
Date Assigned:	03/21/2014	Date of Injury:	01/29/2003
Decision Date:	04/28/2014	UR Denial Date:	09/29/2013
Priority:	Standard	Application Received:	10/25/2013

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 Preventative 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:

According to the records made available for review, this is a 43-year-old female with a 1/29/03 date of injury, and lateral epicondyle surgery 3/7/13. At the time (7/17/13) of request for authorization for Celebrex 200mg #30 with 5 refills, there is documentation of subjective (residual discomfort in the right elbow with a feeling of soreness) and objective (slight hyperpigmentation over the right lateral elbow) findings, current diagnoses (chronic right lateral epicondylitis (tendinosis) undergoing excision of angiofibroblastic degenerative origin of the extensor carpi radialis brevis and common extensor tendon with concurrent denervation of the right lateral elbow), and treatment to date (medications (including Celebrex)). Medical report identifies that the patient obtains best relief from Celebrex. There is no documentation of high-risk of GI complications with NSAIDs and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG #30 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 22. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ANTI-INFLAMMATORY MEDICATION Page(s): 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk of GI complications with Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S, as criteria necessary to support the medical necessity of Celebrex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of chronic right lateral epicondylitis (tendinosis) undergoing excision of angiofibroblastic degenerative origin of the extensor carpi radialis brevis and common extensor tendon with concurrent denervation of the right lateral elbow. In addition, there is documentation of records reflecting prescriptions for Celebrex of unknown duration. However, there is no documentation of high-risk of Gastrointestinal (GI) complications with NSAIDs. In addition, despite documentation that the patient obtains best relief from Celebrex, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Celebrex. Therefore, based on guidelines and a review of the evidence, the request for Celebrex 200mg #30 with 5 refills is not medically necessary.