

Case Number:	CM13-0053636		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2001
Decision Date:	05/08/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome, joint pain, and forearm pain reportedly associated with an industrial injury of September 1, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; a wrist corticosteroid injection; a wrist brace; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of October 30, 2013, the claims administrator did not approve a request for Celebrex. The applicant's attorney subsequently appealed. In an October 22, 2013 progress note, the applicant was given a prescription for Celebrex. It was stated that the applicant had had issues with gastrointestinal upset with nonselective NSAIDs, including Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG #35 WITH FOUR (4) 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 topic. Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex are indicated in individuals who developed gastrointestinal issues with first-line NSAIDs, such as Motrin and Naprosyn. In this case, the applicant has in fact reportedly developed dyspepsia with conventional NSAIDs, including Motrin. Therefore, introduction of Celebrex, a COX-2 inhibitor, is indicated and appropriate. Accordingly, the request is certified, on Independent Medical Review.