

Case Number:	CM13-0053997		
Date Assigned:	12/30/2013	Date of Injury:	08/21/2000
Decision Date:	04/30/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/13/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker reported an injury on 08/21/2000. The mechanism of injury was not provided. The documentation of 08/05/2013 revealed the medications for the injured worker included hydrochlorothiazide, Flector patch, and Prilosec. Pain was a 7/10 at rest. It was indicated the injured worker did better with a TENS unit and ice and worsened with repetitive or sustained movements or gravitational stress. The medications were noted to have helped partially but not greatly. The diagnoses included shoulder sprain/strain, adhesive capsulitis, shoulder pain, shoulder impingement, cervical radiculopathy, and chronic pain syndrome. The medications included hydrochlorothiazide and a Flector patch and to start Celebrex for inflammation and pain as well as a continuation of Omeprazole. It was indicated that the injured worker had a history of dyspepsia and the medication might be easier on the injured worker than other medicines.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX REFILL 100 MG TABLET BY MOUTH, PER DAY, AS NEEDED FOR INFLAMMATION #100 WITH 5 REFILLS: Upheld

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

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

Decision rationale: California MTUS guidelines indicates that Celebrex is an NSAID and is the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The clinical documentation submitted for review failed to indicate the necessity for 5 refills without re-evaluation. Given the above, the request for Celebrex refill 100 mg tablet by mouth, per day, as needed for inflammation #100 with 5 refills is not medically necessary.