

Case Number:	CM13-0068367		
Date Assigned:	02/28/2014	Date of Injury:	10/14/2002
Decision Date:	05/29/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/19/2013

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:

According to the records made available for review, this patient reported a 10/14/02 date of injury, and is status pots right shoulder arthroscopy. At the time (12/4/13) of request for authorization for Celebrex capsules 200 mg, there is documentation of subjective (persistent pain in the right shoulder and burning sensation in the right upper extremity; low back pain) findings, current diagnoses (lumbar degeneration, lumbar pain, shoulder tendonitis, and shoulder impingement), and treatment to date (activity modification, chiropractic, physical therapy, and medications (including Ultram and Celebrex (since at least 1/16/13)). 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 as a result of Celebrex use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX CAPSULES 200MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-INFLAMMATORY MEDICATION , PAGE 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk of GI complications with NSAIDs, 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 diagnoses of lumbar degeneration, lumbar pain, shoulder tendonitis, and shoulder impingement. However, there is no documentation of high-risk of GI complications with NSAIDs. In addition, 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 as a result of Celebrex use to date. Therefore, the request for Celebrex capsules 200 mg is not medically necessary and appropriate.