MAXIMUS Federal Services

Case Number:	CM14-0014530		
Date Assigned:	02/28/2014	Date of Injury:	10/14/2002
Decision Date:	06/02/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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 patient is a 52 year old female who was injured on 10/14/2002. She developed right shoulder and low back pain subsequent to an injury. Prior treatment history has included the patient undergoing a right shoulder arthroscopy in 2004. She has had a significant amount of chiropractic and physical therapy for her low back pain. In 2012 she had been treated with Motrin. She apparently developed gastrointestinal problems. Medications include Elavil, Lidoderm, Terocin cream, Ultram, and Celebrex. PR-2 dated 12/17/2013 documented the patient with complaints of increased pain in the shoulder and back pain for the past few weeks. Her medications consist of Celebrex 200 mg, and Celebrex 100 mg PR-2 dated 01/15/2014 documented the patient's pain is 8/10 in the lower back. Patient is unable to obtain Celebrex, which helped her substantially. She is unable to take NSAIDs due to gastritis and ulcers. Objective findings on exam reveal moderate tenderness in the lumbar paraspinals. Range of motion is 25% of normal in flexion and extension. Rotation and lateral bend to the right is 50% and 50% of normal to the left. Straight leg raise is negative. Right shoulder examination reveals range of motion 80% in flexion and abduction. Positive impingent noted. On gait she has normal heel strike and push off. Negative antalgic gait. On examination of the upper extremity, the patient has normal motor strength of 5/5 in all muscles groups tested in the upper extremities. Lower extremity neurological exam reveals normal motor strength of 5/5 in all muscle groups tested. Physical examination has remained unchanged since 03/14/2013, 05/21/2013, 12/17/2013. Impressions include shoulder tendinitis, shoulder impingement, lumbar degeneration, and lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG Q.D.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex and NSAID's Specific Drug List Page(s): 30,70.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines NSAIDs are indicated for chronic low back pain though long-term efficacy is not established. Celebrex is indicated for those at increased risk of gastrointestinal events. In this case, the patient did not tolerate Ibuprofen due to gastrointestinal side effects. Improved function and pain are documented from Celebrex use. Medical necessity is established. Therefore, the request for Celebrex 200 mg q.d. is medically necessary and appropriate.