

Case Number:	CM14-0131538		
Date Assigned:	08/20/2014	Date of Injury:	08/30/2007
Decision Date:	10/03/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family 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:

This is a 42-year-old female with a 8/30/07 date of injury. The mechanism of injury occurred from her usual and customary duties working in a clerical position. According to an appeal note dated 8/26/14, the patient complained of pain in the right shoulder, right cervicobrachial region that radiates into the right periscapular region into the base of the cervical spine. The patient noted that she has been able to continue working full time and attributed this to massage therapy. She has completed 6 sessions. She had been having a flare up of her pain and it has been almost 8 months since her last massage therapy session. The patient has tried and failed different modalities in the past including surgery and continues to have pain in her right shoulder. Regarding Celebrex, the provider stated that he is requesting retro-authorization for 30 tablets of Celebrex which had been prescribed to the patient on 7/18/14. She has tried other NSAIDS such as ibuprofen, which have caused stomach upset. Objective findings: tightness to palpation along the superior right trapezius, tenderness to palpation of the anterior, posterior, superior aspects of the right shoulder joint. Diagnostic impression: carpal tunnel syndrome, pain in joint shoulder, status post right shoulder arthroscopy. Treatment to date: medication management, activity modification, massage therapy, physical therapy. A UR decision dated 8/11/14 denied the requests for additional 6 sessions of massage therapy and Celebrex. Massage therapy should be limited to 4-6 visits in most cases; the patient has already received 6 visits. Regarding Celebrex, following a peer discussion, it was agreed to discontinue Celebrex and try meloxicam instead which is a more cost effective alternative.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY FOR ADDITIONAL SIX SESSIONS, FOR UNSPECIFIED BODY PART(S) QUANTITY: 6: 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 Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: CA MTUS does not specifically address the issue of massage therapy for the shoulder. ODG shoulder chapter states that massage therapy is recommended as an option. While very little research has been conducted into the effectiveness of massage for shoulder pain, recent research is painting a more favorable picture. In the past, there was conflicting evidence of the efficacy of massage in the treatment of shoulder disorders. It is noted in the appeal note dated 8/26/14 that the requested massage therapy is for the shoulder area. The patient had completed 6 sessions of massage therapy almost 8 months ago. However, ODG guidelines only support up to 10 visits over 8 weeks for shoulder sprains. An additional 6 sessions, along with the patient's completed 6 sessions, would exceed guideline recommendations. Therefore, the request for Massage Therapy for Additional Six Sessions, for unspecified body part(S) Quantity 6 is not medically necessary.

MEDICATION CELEBREX 200MG: ONE CAPSULE QD PRN QUANTITY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter X Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex) JAMA September 13, 2000, Vol 284, No. 10

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDs in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. There is no documentation that the patient is at increased risk of gastrointestinal complications. It is noted in an appeal note that the patient has had a trial of ibuprofen, which had caused stomach upset. However, there is no documentation that the patient had been prescribed a proton-pump inhibitor for prophylaxis from gastrointestinal adverse effects from an NSAID. Therefore, the request for Medication Celebrex 200mg: One Capsule QD PRN Quantity 30 is not medically necessary.

