MAXIMUS Federal Services

Case Number:	CM14-0132038		
Date Assigned:	09/19/2014	Date of Injury:	07/19/2012
Decision Date:	12/03/2014	UR Denial Date:	07/17/2014
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 Pain Management 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 injured worker is a 46-year-old male with a date of injury on July 19, 2012. He is diagnosed with (a) right shoulder possible labral tear and tendinosis per magnetic resonance imaging scan on August 14, 2012, (b) right shoulder arthritis, (c) right shoulder status post arthroscopic debridement of partial tear of the subscapularis tendon, partial tear of the anterior and posterior superior glenoid labrum, subacromial decompression with acromioplasty, resection of the coracoacromial ligament and Mumford procedure on April 05, 2013; and (d) left shoulder overcompensation pain. Records dated January 14, 2014 noted that the injured worker was last seen on December 10, 2013. He reported that he received a cortisone injection to the right shoulder during his last visit and found this to be helpful for around 3 weeks and states that he was able to move his shoulder a little more. He complained of intermittent pain in the right shoulder and noted reduced range of motion and pain with movement. Reaching and pulling above shoulder level increased his pain. Left shoulder examination noted tenderness over the subacromial bursa. Right shoulder examination noted tenderness over the biceps tendon. Speed and Neer's test were positive. Most recent records dated June 30, 2014 documents that the injured worker was last seen on May 19, 2014. He reported that he experienced pain in his right shoulder on a constant basis. Range of motion was reduced. He felt increased pain with lifting, pulling, pushing, and maneuvering (steering) machinery. He also complained of pain in his left shoulder that increased with movement. He also stated that he has been experiencing more upper/lower back pain from compensating for this right shoulder. He felt that he has reduced range of motion in his back. Movement was painful. Right shoulder examination revealed tenderness over the biceps tendon. Speed's test was positive on the right. Left shoulder examination noted tenderness over the subacromial bursa.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex (200mg, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, NSAIDs, specific drug list & adverse effects Page(s): 22, 70.

Decision rationale: Evidence-based guidelines indicate that anti-inflammatory medications are generally not recommended to be used in the long-term. However continued use is to be done there should be evidence of decrease in pain levels as well as evidence of functional improvements. Moreover, guidelines specifically mention that the lowest effective dose should be used for all non-steroidal anti-inflammatory drugs for the shortest duration of time consistent with the individual worker treatments. Celebrex is selective COX-2 non-steroidal anti-inflammatory drug that is considered if the injured worker has a risk for gastrointestinal complications. In this case, records point out that the injured worker has been utilizing Celebrex in the long term however, this medication has been denied on April 23, 2014 and on July 17, 2014 due to no evidence of improved pain levels as well as absence of significant functional improvement. Review of the provided records still do no present any quantified or measurable pain scales (e.g. visual analog scale scores) or evidence of functional improvements. There is also no indication that the injured worker is at risk for gastrointestinal events. Hence, due to absence of required information to warrant continued use of Celebrex and no evidence that the injured worker is at risk for gastrointestinal event, the medical necessity of the requested Celebrex is not established.