

Case Number:	CM14-0132589		
Date Assigned:	08/22/2014	Date of Injury:	12/16/2009
Decision Date:	10/03/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 57-year-old male who reported an injury on 12/12/2009. The mechanism of injury was reportedly due to lifting a heavy pole, when he felt a pop in his neck and he experienced neck and bilateral shoulder pain. The injured worker has diagnoses of lumbar/lumbosacral disc degeneration disease, cervical radiculopathy, cervical disc degeneration disease and lumbago. Past medical treatment consists of surgery, physical therapy, ESIs, massage therapy, and medication therapy. Medications consisted of gabapentin, naproxen, Celebrex, and Flexeril. The injured worker has undergone right shoulder surgery in 2010, right wrist surgery in 2010, left shoulder surgery in 2010, right shoulder surgery in 2012 and left wrist surgery in 2010. On 06/17/2014 the injured worker complained of back pain. Physical examination revealed that the lower extremity strength was normal bilaterally, upper extremity strength was normal bilaterally. The submitted report lacked any evidence of range of motion, muscle strengths, or any sensory deficits. The treatment plan is for the injured worker to continue the use of Celebrex 200 mg. The rationale and Request for Authorization form were not submitted for review.

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.

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

Decision rationale: The California MTUS Guidelines indicate 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. Celebrex is the only available COX 2 in the United States. No generic is available. As guidelines state, Celebrex is recommended for relief of osteoarthritis, but it also states that it is recommended at its lowest effective dose and for the shortest duration of time. The submitted reports indicate that the injured worker had been taking Celebrex since at least 05/15/2014, exceeding the recommend guidelines for short-term use. Long term use of Celebrex puts patients at a high risk for developing NSAID induced gastric or duodenal ulcers. Guidelines also recommend that Celebrex be given at its lowest effective dose, which is 200 mg a day. Given that the request did not specify a frequency or duration of the medication, it exceeds the MTUS guidelines. Furthermore, the efficacy of the medication was not provided to support the continuation. As such, the request for Celebrex 200 mg is not medically necessary.