

Case Number:	CM14-0158584		
Date Assigned:	10/02/2014	Date of Injury:	05/13/2010
Decision Date:	11/07/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/26/2014

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 applicant is a represented J [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 13, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; unspecified amounts of physical therapy; and reported return to work with primary limitations in place. In a Utilization Review Report dated August 25, 2014, the claims administrator denied a request for Celebrex. Claims administrator incorporated very little in the way of applicant-specific rationale into its denial. The applicant's attorney subsequently appealed. In a March 10, 2014 progress note, the applicant reported persistent complaints of shoulder pain. The applicant is pending a shoulder surgery on March 12, 2014, it was stated. The applicant stated that Celebrex and Voltaren were effective in ameliorating his pain complaints. Both of the same were refilled. The applicant was apparently working with permanent limitations in place, it was suggested. The applicant did apparently undergo shoulder arthroscopy, extensive debridement and lysis of adhesions surgery, revision of acromioplasty, and distal clavicle excision procedure on April 3, 2014. In an October 11, 2012 medical-legal evaluation, it was acknowledged that the applicant was still working at that point in time. The applicant had bilateral knee replacements in place. The applicant was on Celebrex and unspecified diabetes medications, it was noted. On December 9, 2013, it was again stated that the applicant was working as a traveling salesman. In a January 25, 2014 admission history and physical, it was stated that the applicant had a history of gastroesophageal reflux disease, diabetes, hypertension, and asthma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex can be considered in applicants who have a risk of GI complications. In this case, the applicant apparently has a history of gastroesophageal reflux disease. The applicant has responded favorably to introduction of Celebrex as evinced by the applicant's continued reports of analgesia with the same, coupled with the applicant's returned to work as a traveling salesman. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.