

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0168411 | | |
| Date Assigned: | 10/16/2014 | Date of Injury: | 02/11/2008 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 64-year-old man who sustained a work-related injury on February 11, 2006. Subsequently, the patient developed with chronic neck and shoulder pain. The patient was treated with the Celebrex, Tizanidine, Voltaren gel shoulder surgery and omeprazole. His MRI of the cervical spine performed on August 15, 2010 demonstrated broad-based disc bulging. According to a note dated on September 11, 2014, the patient pain severity was rated 2/10 without medications with fair quality of sleep. He continued to have GI upset with Celebrex. The provider requested authorization to continue Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 capsules of Celebrex 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory medications Page(s): 27-30.

Decision rationale: According to MTUS guidelines, Celebrex is indicated in case of back , neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of

contra indication of other NSAIDs. There is no documentation thar Celebrex was used for the shortest period and the lowest dose. The patient developed GI upset because of the use of Celebrex. The patient pain is under control and the continuous use of Celbrex is not justified. Therefore, the prescription of 60 capsules of Celebrex 200mg is not medically necessary.