

<b>Case Number:</b>	CM14-0171304		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/11/1998
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 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 worker is a 63 year old male who was injured on 8/11/1998 as he struck his right hand on an old grader gearshift. He was later diagnosed with wrist pain, shoulder pain, and carpal tunnel syndrome. He was treated with surgery (shoulder, bilateral wrists, trigger finger), physical therapy, injections, NSAIDs, and opioids. Celebrex and opioids were used chronically for years. On 9/3/14, the worker was seen by his pain specialist physician for a follow-up visit, complaining of increased flare-ups of pain in his right wrist since not having Celebrex and Ultram approved in the recent past, which reportedly both helped to improve his function (not detailed in the notes). Physical examination findings included tenderness of the right volar wrist, normal grip of right hand, and pain with range of motion testing of the right wrist. He was then recommended to restart/continue his long-time medications, Celebrex and Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of musculoskeletal pain if the patient is experiencing an acute exacerbation and if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, he had been taking Celebrex for many years leading up to this request for continuation. Regardless of the type of NSAID provided, there is still a risk of increased cardiovascular risks, which worsens the longer they are used. Although reportedly the Celebrex was providing some relief for this worker, evidence of functional improvement was not included in the documents provided for review, which might have helped the reviewer make a consideration for the continuation of Celebrex. Therefore, the Celebrex, without measurable documented evidence of benefit and with associated long-term risks will be considered medically unnecessary.