

Case Number:	CM14-0181976		
Date Assigned:	11/06/2014	Date of Injury:	07/11/2013
Decision Date:	12/11/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/03/2014

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 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:

This is a 58 year old male injured worker who sustained a work related injury on 7/11/13. The exact mechanism of injury was not specified in the records provided. The current diagnoses include s/p right shoulder rotator cuff tear, status post arthroscopic repair and distal clavicle resection, right carpal tunnel syndrome; L5-S1 disc degeneration, L5-S1 facet arthropathy and Left leg radiculopathy. Per the doctor's note dated 8/25/14, injured worker has complaints of continued numbness and tingling in the right upper extremity radiating to the hand/ wrist and fingers and lower back pain which radiates into the bilateral buttocks and right posterior thigh, at 7/10. Physical examination revealed palpable tenderness of the lumbosacral junction bilaterally, tenderness over the coccyx, restricted sensation over the left L4 and L5 dermatome distribution, limited and painful range of motion, right knee extension 4+/5, normal gait, restricted sensation over the left L4 and L5 dermatome distribution and negative SLR. The current medication lists include Norco, Ibuprofen and Duexis. The injured worker has had Electromyography/Nerve Conduction Velocity (EMG/NCV) on 02/06/14 that revealed tight median neuropathy localized across the wrist consistent with right moderate carpal tunnel syndrome; MRI scan of the lumbar spine that revealed disc bulge at L3-L4, L4-L5 and L5-S1 mild bilateral neural foraminal narrowing, bilateral facet joint hypertrophy with ligamentum flavum redundancy and central disc protrusion with an annular fissure; x-ray of the right shoulder on 4/17/14 that revealed partial distal clavicle resection and h prior rotator cuff surgery; on 4/17/14 x-ray of the right hand that was normal; x-rays of the lumbar spine that revealed moderate disc height loss L5-S1, moderate facet arthropathy L4-S1; on 4/23/2014 MRI scan of the cervical spine that revealed multilevel segmental degenerative changes, disc protrusion, with hypertrophy, neural foraminal stenosis at C5-C6. The injured worker's surgical history include Right shoulder rotator cuff tear, status post arthroscopic repair and distal clavicle resection; right carpal tunnel syndrome surgery. He

underwent lumbar epidural steroid injection on 09/06/13. Any operative/ or procedure note was not specified in the records provided. He has had a urine drug toxicology report on 8/25/14. The injured worker has received 24 physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Celebrex 200mg #60 (DOS 8/26/14): 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, Celebrex Page(s): 22; 30.

Decision rationale: Celebrex contains Celecoxib which is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months." According to the cited guidelines Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. Response to usual non selective NSAIDs is not specified in the records provided. In addition per the cited guidelines COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. The medical necessity of the Retrospective Request for Celebrex 200mg #60 (DOS 8/26/14) is not fully established; therefore, the request is not medically necessary.

Prospective Request for 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, Celebrex Page(s): 22; 30.

Decision rationale: Celebrex contains Celecoxib which is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so

activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months."According to the cited guidelines Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. Response to usual non selective NSAIDs is not specified in the records provided. In addition per the cited guidelines COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided.The medical necessity of the request for Prospective Request for Celebrex 200mg #60 is not fully established; therefore, the request is not medically necessary.