

Case Number:	CM14-0025247		
Date Assigned:	06/16/2014	Date of Injury:	03/08/1995
Decision Date:	11/18/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 76-year-old female with an injury date of 03/08/95. Based on the 01/21/14 progress report provided by [REDACTED], the patient complains of low back, right shoulder and neck pain. Physical examination to the lumbar spine revealed tenderness in the lower lumbar paravertebral muscles. Range of motion was decreased, especially on extension 10 degrees. Examination of the right shoulder revealed tenderness over anterolateral aspect of shoulder. Examination for the cervical spine revealed tenderness in the posterior cervical and bilateral trapezial musculature. Patient reports functional improvement with aquatic exercise, TENS and Celebrex. Celebrex has been prescribed in treator report dated 10/22/13. Diagnosis 01/21/14- status post open repair, right rotator cuff- cervical stenosis- intermittent lumbar radiculopathy [REDACTED] is requesting Celebrex cap 200mg #60. The utilization review determination being challenged is dated 02/10/14. The rationale is "not clear why over-the-counter NSAID would not be sufficient." [REDACTED] is the requested provider and who provided treatment reports from 01/21/14 - 04/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX CAP 200 MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, medication for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with low back, right shoulder and neck pain. The request is for Celebrex cap 200mg #60. She is status post open repair, right rotator cuff, date unspecified. Her diagnosis dated 01/21/14 includes cervical stenosis and intermittent lumbar radiculopathy. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Patient has been prescribed Celebrex per progress report dated 10/22/13. She reports functional improvement with aquatic exercise, TENS and Celebrex per treater report dated 01/21/14. The request is supported by MTUS, and therefore is medically necessary.