

Case Number:	CM14-0056180		
Date Assigned:	07/09/2014	Date of Injury:	07/26/2001
Decision Date:	08/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/25/2014

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 and 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 62-year-old female, with an injury date of 07/26/01. Based on the 04/03/14 progress report provided by [REDACTED], the patient complains of achy pain in her bilateral upper extremities. Her right shoulder is tender, both superiorly and posteriorly. She is also tender in the paravertebral muscles of the cervical spine on the right, tender at the right elbow lateral epicondyle, and tender at the trapezius muscle. The patient has a positive Cozen's and positive Mill's test. She has headaches and finds it hard to drive. Because of the medication, she is able to continue working productively. The patient's diagnoses include the following: 1. De Quervain's 2. Medial epicondylitis 3. Pain in shoulder region 4. Pain in thoracic spine 5. Pain in limb 6. Myalgia and myositis 7. Lateral epicondylitis of the right elbow 8. Right shoulder impingement [REDACTED]. [REDACTED] is requesting for Celebrex 200 mg one (1) every day. The utilization review determination being challenged is dated 04/10/14. [REDACTED] is the requesting provider, and he provided three (3) treatment reports from 01/02/14, 04/03/14, and 05/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg, one (1) every day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication; Medications for chronic pain Page(s): 22, and 60-61.

Decision rationale: According to the 04/03/14 report by the treating physician, the patient presents with pain in her bilateral upper extremities. The request is for Celebrex 200 mg one (1) every day. The patient has been taking Celebrex as early as 01/02/14. The 04/03/14 report states that her functional capacity is diminishing, because the Celebrex and Lidoderm patches are not be authorized by her occupational carrier. The patient needs to switch back to the Celebrex as soon as possible to resume her previous functional capacity and ability to work and support herself. The Chronic pain Guidelines support the use of non-steroidal anti-inflammatory drugs (NSAIDs) for chronic pain. For medication use in chronic pain, the guidelines also requires documentation of pain assessment and function as related to the medication used. In this case, there is documentation that current medications are helping the patient continue to work. The request is medically necessary.