

<b>Case Number:</b>	CM14-0057291		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/03/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 31-year-old male with a 7/3/10 date of injury, status post debridement and ulnar osteotomy in 2011, and status post debridement and hardware removal in 2011. At the time (3/27/14) of request for authorization for Celebrex 200mg, #60, there is documentation of subjective (8/10 right arm pain that is constant and can increase to a sharp pain that is throbbing in sensation radiating throughout his right arm)) and objective (right arm has persistent paresthesias and tenderness to palpation and pain with passive and active movement)) findings, current diagnoses (pain in limb, pain in joint, forearm, and neuralgia, neuritis, and radiculitis, unspecified), and treatment to date (physical therapy, acupuncture, and medications (including ongoing treatment with diclofenac, Norco, and Butrans patch)). There is no documentation of high-risk of GI complications with NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines- Integrated Treatment/ Disability Duration Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. Within the medical information available for review, there is documentation of diagnoses of pain in limb, pain in joint, forearm, and neuralgia, neuritis, and radiculitis, unspecified. However, there is no documentation of high-risk of GI complications with NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Celebrex 200mg, #60 is not medically necessary.