

Case Number:	CM14-0064280		
Date Assigned:	07/11/2014	Date of Injury:	02/28/2010
Decision Date:	09/16/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/07/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, hand, and wrist pain reportedly associated with an industrial injury of February 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; corticosteroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated April 8, 2014, the claims administrator denied a request for tramadol and Celebrex. The applicant's attorney subsequently appealed. In an October 18, 2013 progress note, the applicant reported persistent complaints of hand, wrist, and forearm pain with associated paresthesias. The applicant was using tramadol sparingly, it was stated. On 4-7/10, pain was noted. The applicant's medication list included tramadol, Motrin, and Prilosec. The applicant was given a diagnosis of right upper limb pain versus carpal tunnel syndrome versus ulnar neuropathy versus rotator cuff tendinopathy versus subacromial bursitis versus adhesive capsulitis. It was stated that the applicant was a candidate for a functional restoration program. It did not appear that the applicant was working, although the applicant's work status was not clearly stated. In a March 22, 2014 progress note, the applicant reported persistent complaints of right upper limb pain, ranging anywhere from 4-7/10, exacerbated by pushing, pulling, lifting, and reaching overhead. The applicant did have a history of rheumatoid arthritis. This was not elaborated upon, however. The applicant's medication list included tramadol, Celebrex, and Cymbalta. The attending provider stated that the applicant's functionality would worsen were Celebrex and tramadol not provided. On December 20, 2013, the applicant was again described as having 4-7/10 neck and arm pain. The applicant's pain was worsening. The applicant was having difficulty performing household chores, chopping, pushing,

pulling, and/or lifting. Authorization for a functional restoration program was again sought. The applicant was using tramadol, Motrin and Prilosec on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100 MG Quantity 30Four Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic Page(s): 22 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of COX-2 inhibitors such as Celebrex in applicants with a history of GI complications, in this case, however, no rationale for selection and/or ongoing usage of Celebrex was proffered by the attending provider. There was no clear statement that the applicant had had issues with GI complications with nonselective NSAIDs. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the fact that the applicant remains off work and remains highly dependent on other medications, such as tramadol, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Celebrex. Therefore, the request is not medically necessary.