

Case Number:	CM14-0071282		
Date Assigned:	07/14/2014	Date of Injury:	01/19/2007
Decision Date:	09/16/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/16/2014

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:

Patient is a 64-year-old with date of injury January 19, 2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated April 18, 2014, lists subjective complaints as pain in the low back and right wrist. Objective findings: No physical examination was performed or included in the records supplied for review. Diagnosis: 1. Arm contusion 2. Carpal tunnel syndrome/neuropathy 3. Lumbar vertebra fracture L2 4. Lumbar vertebra fracture L1 5. Radius fracture 6. Shoulder impingement 7. Cubital tunnel syndrome 8. Epicondylitis medial, right 9. Orthopedic device pain syndrome 10. S/p lumbar spinal fusion. The medical records provided for review document that the patient has been taking the following medication for at least as far back as one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg thirty count with a one year refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend NSAIDs (non-steroidal anti-inflammatory drugs) at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The patient has been taking Celebrex for over one year, and the refill authorization is for an entire year. Both these time periods are not recommended. Therefore, the request for Celebrex 200 mg thirty count with a one year refill is not medically necessary or appropriate.