

Case Number:	CM14-0081955		
Date Assigned:	07/23/2014	Date of Injury:	11/07/2007
Decision Date:	10/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/03/2014

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 Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 59 year old female who sustained work related injuries on 11/07/07. The mechanism of injury was not described. The clinical record consisted of a single note dated 02/25/13. Per this note the injured worker had pain in the right shoulder. Prior request for MR arthrogram of the right shoulder was not approved under utilization review. He had continued pain in the right shoulder and could not raise the arm normally. He was off work. The injured worker was on multiple medications for diabetes. He further had prescriptions for hydrocodone, ibuprofen, Lisinopril, HCTZ, atorvastatin, pravastatin Dexilant. He had diagnosis of chronic right shoulder pain with probable low grade rotator cuff tendinitis versus partial rotator cuff tear. Utilization review determination dated 05/19/14 in which a request for Celebrex was non-certified medically necessary. Per the clinical note there was a prescription for Celebrex 200mg one capsule by mouth two times per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex (Rx given): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects; NSAIDs, hypertension.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex
Page(s): 30.

Decision rationale: The submitted clinical records indicate that the injured worker sustained work related injuries to his shoulder. The record does not provide a recent physical examination or detailed information establishing the presence of osteoarthritis. The record does not indicate that the injured worker has failed other NSAIDs prior to the recommendation to begin Celebrex. Therefore, based on guidelines and a review of the evidence, the request for Celebrex is not medically necessary.