

Case Number:	CM14-0092117		
Date Assigned:	07/25/2014	Date of Injury:	10/26/1991
Decision Date:	09/08/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/18/2014

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 and Oklahoma. 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 69-year-old female who reported an injury on 10/26/1991. The mechanism of injury was not provided within the documentation submitted for review. The injured worker was noted to have a diagnosis of shoulder pain, status post left shoulder surgery. Prior treatment was noted to be oral and topical medications. The injured worker's diagnostic tests were noted to include an x-ray of the left shoulder. The injured worker's surgical history includes left shoulder surgery. The injured worker was noted to have a chief complaint of left shoulder pain status post-surgery in 1993. The objective physical exam findings noted tenderness laterally and restricted motion of the left shoulder. Deltoid muscle had moderate atrophy on the left side and the biceps tendon was tender on the left side. Range of motion with forward flexion was 120 degrees on the left side. The AC joint was tender on the left side. Her medications were noted to be alprazolam, Celebrex, Flexeril, Lidoderm patch, Lyrica, and Norco. The treatment plan included a request for an MRI of the left shoulder. The provider's rationale for the request was not provided within the documentation. A request for authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Capsules of Celebrex 200mg, with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 22.

Decision rationale: The request for 60 capsules of Celebrex 200 mg, with 3 refills is not medically necessary. The California MTUS Guidelines indicate that Celebrex is an NSAID and is the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. According to the clinical documentation dated 05/09/2014, it is not noted that prior use with Celebrex has provided efficacy. In addition, the provider's request fails to indicate a dosage/frequency. Therefore, the request for 60 capsules of Celebrex 200 mg, with 3 refills is not medically necessary.