

Case Number:	CM14-0197282		
Date Assigned:	12/05/2014	Date of Injury:	04/06/2007
Decision Date:	02/04/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/25/2014

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 74 year-old female with date of injury 04/06/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/07/2014, lists subjective complaints as pain in the left shoulder and low back. Objective findings: Examination of the left shoulder revealed the following ranges of motion: flexion 60 degrees, extension 40 degrees, internal and external rotation 30 degrees, and abduction 45 degrees. Examination of the lumbar spine revealed tenderness to palpation of the left paraspinals. Reflexes were 1+ for the bilateral lower extremities. Patient ambulates with the use of a cane. No other physical examination findings were documented by the requesting provider. Diagnosis: 1. Contusion, left shoulder 2. Articular sided, partial thickness tear of supraspinatus tendon, left shoulder 3. Adhesive capsulitis, left shoulder 4. Lumbosacral musculoligamentous sprain/strain 5. Aggravation of long standing mechanical discogenic low back pain 6. Symptomatic L5-S1 left sided broad-based disc extrusion, encroaching on the exiting left nerve root 7. Left L5-S1 radiculopathy 8. Contusion, right knee 9. Tricompartmental osteoarthritis of the right knee. The medical records supplied for review document that the patient was first prescribed the following medication on 11/07/2014. Medication: 1. Celebrex 200mg SIG: 1 tab QD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex CAP 2 200mg fill date: 8/18/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 67-73.

Decision rationale: The MTUS guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) be given to patients with osteoarthritis prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the patient does carry a diagnosis of osteoarthritis; therefore, this request is medically necessary.