

<b>Case Number:</b>	CM14-0197737		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	04/28/1998
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation, 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:

This 56 year old female sustained a work related injury on 4/28/1998. The current diagnoses are right shoulder impingement syndrome, chronic pain, Fibromyalgia, occipital neuralgia, major depression, and migraines. According to the progress report dated 9/5/2014, the injured workers chief complaints were diffuse bilateral shoulder pain, right greater than left. The pain was rated 3/10 on a subjective pain scale. The injured worker reports pain medication reduces pain by 50%, which allows her to complete chores around the house and stay active. The physical examination of the right shoulder revealed positive Hawkin's and Neer's test. Abduction was limited to 100 degrees and painful. Additionally, there was generalized weakness noted over the cervical area and diffuse tenderness over both upper extremities. Current medications are Celebrex, Norco, Effexor, Protonix, Docusate Sodium, Relpax, Metformin, Glimepiride, Simvastatin, Minocycline, Lantus, and Aspirin. On this date, the treating physician prescribed Celebrex 200mg, which is now under review. The Celebrex was prescribed specifically to decrease pain, enhance sleep, and improve mobility. In addition to Celebrex, the treatment plan included Norco, continue home exercise program, moist heat, and stretches. When Celebrex was prescribed the injured worker was warned not to operate a motor vehicle or heavy machinery if tired or mentally foggy, secondary to medications. On 11/08/2014, Utilization Review had non-certified a prescription for Celebrex 200 mg. The Celebrex was non-certified based on documentation of recent stomach upset with the use of this medication. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg #30 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic 1998 injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. The Celebrex 200 mg #30 with 3 refills is not medically necessary and appropriate.