

Case Number:	CM14-0198726		
Date Assigned:	12/09/2014	Date of Injury:	10/13/2010
Decision Date:	01/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/26/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 13, 2010. In a Utilization Review Report dated November 14, 2014, the claims administrator approved a request for a rheumatology consultation while denying Celebrex. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines to approve the rheumatology consultation, mislabeling the same as originating from the MTUS. Celebrex was denied, conversely. There was no discussion of medication efficacy, however. An October 27, 2014 progress note was referenced. The applicant's attorney subsequently appealed. On November 5, 2014, the applicant was asked to consult a spine surgeon and a rheumatologist. Zoloft, Celebrex, and Voltaren were prescribed. The applicant's work status was not outlined. In an associated progress note of November 5, 2014, the applicant reported persistent complaints of neck and back pain. The applicant appeared depressed. The applicant was given refills of Voltaren and Celebrex while a new prescription for Zoloft was introduced. Pain psychology office visits were endorsed. The applicant's work status was not furnished. A complete review of systems was not performed. On October 27, 2014, the applicant reported ongoing complaints of neck and back pain. The applicant stated that she had stopped taking Celebrex and was taking Elavil on that occasion. On August 18, 2014, the applicant reported ongoing complaints of shoulder pain status post distal claviclectomy. The applicant stated that Celebrex had made her feel better. The applicant was apparently using omeprazole in conjunction with Celebrex on a daily basis. There was, however, no mention of issues with reflux, heartburn, or dyspepsia. The applicant was 55 years old. On August 13, 2014, once again, there was no mention of issues with reflux, heartburn, and/or dyspepsia, either in the body of the report or in the review of systems section of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

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

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are recommended if an applicant has a risk or history of GI complications, in this case, however, there is no clearly stated risk or history of GI complications evident here which would compel provision of Celebrex in favor of non-selective NSAIDs such as Motrin or Naprosyn. Multiple progress notes, referenced above, contain no references to issues with reflux, heartburn, dyspepsia, a prior history of GI bleeding, a prior history of peptic ulcer disease, etc., which would compel provision of Celebrex in favor of non-selective NSAIDs. Therefore, the request was not medically necessary.