

Case Number:	CM14-0199217		
Date Assigned:	12/09/2014	Date of Injury:	08/30/2010
Decision Date:	01/26/2015	UR Denial Date:	11/17/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of August 30, 2010. A utilization review determination dated November 17, 2014 recommends non-certification of Celebrex 200 mg #30 with 2 refills. A progress report dated November 7, 2014 identifies subjective complaints of ambulating with Walker, using ice, removed to dressing. Objective findings are not listed. Diagnosis is right total hip arthroplasty October 27, 2014. Treatment plan recommends physical therapy and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG #30 take 1 cap daily #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 30.

Decision rationale: Regarding the request for Celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is no identification of a high risk of GI complications. It is acknowledged that the patient has recently undergone a total hip arthroplasty, and a short course of Celebrex may be indicated. However, a three-month

prescription, as is being requested here, is not supported in the absence of documentation that the medicine improves the patient's pain and function, and causes no side effects. Unfortunately, there is no provision to modify the current request. In the absence of such documentation, the currently requested Celecoxib (Celebrex) is not medically necessary.