

Case Number:	CM14-0202370		
Date Assigned:	12/12/2014	Date of Injury:	07/08/2011
Decision Date:	02/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 49-year-old male with date of injury of 07/08/2011. The listed diagnoses from 10/28/2014 are: 1. Cervical disk disease. 2. Cervical radiculopathy. 3. Right shoulder impingement syndrome. According to this report, the patient complains of right shoulder pain which he rates 4/10. He also reports locking of his jaw. The patient received a right C5-C6 and right C6-C7 transfacet epidural steroid injection on 06/23/2014 and 09/22/2014. He indicates that after this procedure, "he has decreased headaches, decreased radiating symptoms, decreased numbness and tingling, and increased range of motion." The examination showed gait is within normal limit. Spurling's sign is positive on the right. Cervical spine range of motion is within normal limits. There are multiple trigger points noted in the right scalene and rhomboid muscles. Tenderness to palpation noted over the right acromioclavicular joint and bicipital groove. Impingement sign and Yergason's sign is positive on the right. Treatment reports from 06/10/2014 to 10/28/2014 were provided for review. The utilization review denied the request on 11/25/2014.

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 NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, medication for chronic pain. Page(s): 22,60, 61.

Decision rationale: This patient presents with right shoulder pain. The physician is requesting Celebrex 200mg, Quantity 60. The MTUS Guidelines page 22 on anti-inflammatory medications states that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. In addition, MTUS page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Celebrex on 07/09/2014. None of the reports from 06/10/2014 to 10/28/2014 note medication efficacy as it relates to the use of this medication. While the MTUS Guidelines support the use of anti-inflammatory medication as a first-line treatment, the records do not show any functional improvement while utilizing this medication. The request is not medically necessary.