

Case Number:	CM14-0205080		
Date Assigned:	12/17/2014	Date of Injury:	07/14/2004
Decision Date:	02/11/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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 70-year-old female with an injury date of 07/14/2004. Based on the 07/07/2014 progress report, the patient complains of neck and left shoulder pain. Her neck pain is located in the midline and to the left of midline of the cervical spine. Her neck pain radiates into the left rhomboid region and down the left shoulder. She describes this pain as being aching and burning. Her daily activities are limited secondary to pain, in particular any activity involving household work and gardening. The patient has difficulty sleeping at night secondary to pain. She has spasm in her neck/shoulders and numbness in both hands. The 09/12/2014 report indicates that she has tenderness in the midline of the cervical spine and over the left cervical facet joints. There is swelling and tenderness at the left thumb. The 11/07/2014 report states that the patient's neck pain radiates into her left rhomboid and down the proximal aspect of the left shoulder and arm. Range of motion of the cervical spine is reduced with respect to flexion, extension, and rotation. The patient's diagnoses include the following: 1. Degenerative disk disease, cervical. 2. Facet arthropathy, cervical. 3. Shoulder pain. The utilization review determination being challenged is dated 11/20/2014. Treatment reports were provided from 04/11/2014 - 11/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 60-61; 22.

Decision rationale: The patient presents with neck pain which radiates into the left rhomboid region and down to her left shoulder. The request is for Celebrex 200mg #30. The patient has been taking Celebrex as early as 05/09/2014. MTUS Guidelines page 22 on anti-inflammatory medications state 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 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 has been prescribed Celebrex since 05/09/2014. None of the reports from 05/09/2014 - 11/07/2014 note medication efficacy as it relates to the use of this medication. While 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 requested Celebrex is not medically necessary.