

<b>Case Number:</b>	CM15-0004701		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	10/15/1996
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 59 year old female who sustained an industrial injury on 10/15/96. The injured worker reported symptoms in the right shoulder, right elbow and wrist. The diagnoses included history of chronic carpal tunnel syndrome with recent worsening pain and numbness, bilateral elbow tendinitis, right rotator cuff syndrome with history of rotator cuff surgery, and chronic pain syndrome. Treatments to date have included physical therapy, acupuncture, injections and status post right shoulder rotator cuff repair surgery. Provider documentation dated 10/17/14 noted the injured worker presents with "worsening pain in both of her shoulders and numbness and tingling in her hands" the treating physician is requesting Celebrex 200mg #30. On 12/18/14, Utilization Review non-certified a request for Celebrex 200mg #30. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg Qty 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-73.

**Decision rationale:** The patient presents with pain affecting the right shoulder, elbow and wrist. The current request is for Celebrex 200mg Oty 30. The treating physician report dated 12/5/14 (43B) states: (The patient) most certainly needs medication for management of her current symptoms. She appears to be symptomatic without her medication. She admits that her tramadol and Celebrex seems to provide her some partial relief of her symptoms and keep her functional to some limited level and capacity. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS page 60 also states: A record of pain and function with the medication should be recorded, when medications are used for chronic pain. The medical reports provided, show the patient has taken Celebrex in the past and was re-started on 09/19/14 (35B). The treating physician notes that the patient's pain level is 7-8/10 and requires medications to help with her pain. The patient does not wish to undergo any cortisone injections since it did not help her in the past and relies on rest and medications to help provide her relief of symptoms. In this case, the patient experiences a reduction in pain levels while taking Celebrex and documented functional improvement is provided. Furthermore, no side effects from the use of this medication have been reported. Recommendation is for authorization.