

Case Number:	CM15-0008285		
Date Assigned:	01/26/2015	Date of Injury:	07/26/2001
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/14/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 63-year-old female worker sustained work-related injuries on 7/26/01. The injured worker's primary complaint was right shoulder pain. Diagnoses listed in the progress report dated 11/10/14 include medial and lateral epicondylitis, right elbow, right shoulder impingement, DeQuervain's and thoracic spine pain. There were objective findings of decreased range of motion of the affected parts and tenderness to palpation of the thoracic paraspinal muscles. The medications listed are Protonix, Tramadol, Imitrex, Celebrex, Lidoderm patch, Ibuprofen and OTC TUMS when Celebrex is not certified. The treating provider requests Celebrex 200 mg. The Utilization Review on 1/9/15 non-certified Celebrex 200 mg, citing CA MTUS Chronic Pain Medical Treatment Guidelines for NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68; 30;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Pain Chapter NSAIDs

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastric complications. The guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs associated gastritis. The records indicate that the patient had symptomatic gastric complication with utilization of non selective NSAIDs such as Ibuprofen. The patient had to use Protonix and TUMS to control the severe gastric symptoms. The criteria for the use of Celebrex 200mg was met.