

Case Number:	CM15-0008618		
Date Assigned:	01/26/2015	Date of Injury:	11/25/2008
Decision Date:	03/26/2015	UR Denial Date:	12/30/2014
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: California, Arizona

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 56-year-old male who reported an injury on 11/25/2008 due to an unspecified mechanism of injury. An Appeal Letter dated 02/04/2015 indicates that the injured worker's medication Celebrex had been denied. It was noted that the injured worker was having sufficient pain in his epididymis not cured by medications, and it was stated that he would most likely need an epididymectomy. It was noted that Celebrex had been found to be better tolerated than ibuprofen in treating his chronic epididymitis. He was diagnosed with organic impotence on a neurological basis and chronic left epididymitis. No additional information was provided for review. The treatment plan was for Celebrex 200 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Page(s): 67-68.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of low back pain. The documentation provided does not indicate that the injured worker has low back pain to support the request for Celebrex. Also, the duration of use is unclear and without knowing exactly how long the injured worker has been treated with this medication, continuation would not be supported, as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.