MAXIMUS Federal Services

Case Number:	CM15-0008943		
Date Assigned:	01/26/2015	Date of Injury:	05/24/2002
Decision Date:	04/07/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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 58-year-old female who reported an injury on 05/24/2002. The mechanism of injury was not provided. Prior therapies included physical therapy. The documentation of 12/08/2014 revealed the injured worker had complaints of neck pain and 7/10 pain and the trigger point injection helped. The injured worker had completed active therapy. The injured worker indicated she would like trigger point injections as the right upper back pain was severe and the injured worker was unable to tolerate Norco. The medications included Gabapentin 600 mg 1 tablet daily, Norco 10/325 mg 1 tablet twice a day, lidocaine/prilocaine 2.5/2.5% cream apply to affected area every 8 hours, and Prilosec DR 20 mg 1 daily. The physical examination revealed the injured worker was in mild distress. The injured worker had a positive Neer's and Hawkins test. The injured worker underwent injections into the subacromial space. The diagnoses included cervical brachial syndrome, lateral epicondylitis, and encounter for long term use of other medications. The examination revealed the injured worker had pain in the right shoulder and the injured worker tolerated a subacromial joint injection. The treatment plan included a trial of Celebrex and discontinuation of Norco due to GI side effects as well as a request for acupuncture and for the injured worker to continue a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Celebrex Dispensed 200 MG Cap #30 with 1 Refill: 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 Medical Treatment Utilization Schedule Guidelines indicate that a COX 2 inhibitor may be considered if the injured worker has a risk of GI complications. The clinical documentation submitted for review indicated the injured worker had dyspepsia secondary to NSAID therapy. The rationale for the use of a COX 2 inhibitor was that the injured worker had a failure of Norco due to side effects. The request would be supported for a trial of the medication. However, the request as submitted included 1 refill. There was a lack of documentation for the necessity of 1 refill without re-evaluation from trial therapy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, and the lack of documentation, the request for a trial of Celebrex dispense 200 mg cap #30 with 1 refill is not medically necessary.