

Case Number:	CM15-0103999		
Date Assigned:	06/08/2015	Date of Injury:	05/12/2011
Decision Date:	07/08/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/29/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 56 year old male who sustained an industrial injury on 05/12/2011. He reported feeling pain in his shoulder when lifting several trays of food at once while working. The injured worker was diagnosed as having impingement syndrome, shoulder; tear, full thickness supraspinatus tendon; situation post left shoulder rotator cuff repair 09/28/2012; recurrent full thickness tear shoulder; situation post Mumford procedure; and situation post rotator cuff repair 01/27/2014. Treatment to date has included surgeries, physical therapy, and medications. Currently, the injured worker complains of pain that is rated a 2/10. His range of motion is accompanied by pain in all movements. Abduction is slightly less than normal, forward flexion is five degrees greater than normal, adduction, internal and external rotation are all within normal range. Deep tendon reflexes of the upper extremities are equal bilaterally and unremarkable. There is no complaint of numbness or tingling and sensation is normal. He has completed physical therapy post-operative his shoulder surgeries in 02/06/2014. He has taken Celebrex 200 mg oral and is prescribed refills for one year. A request for authorization is made for Celebrex 200 mg #760.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #760: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Celebrex 200mg #760 is not medically necessary.