

Case Number:	CM15-0107655		
Date Assigned:	06/12/2015	Date of Injury:	04/26/2001
Decision Date:	07/17/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/04/2015

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: Florida

Certification(s)/Specialty: Neurology, 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:

The injured worker is a 42 year old female, who sustained an industrial injury on 04/26/2001. The mechanism of injury was not included in the submitted documentation. The diagnoses have included brachial plexus lesions. Treatment to date has included medications and diagnostics. Medications have included Celebrex and Zanaflex. A progress note from the treating physician, dated 05/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of recent flares of her pain for unclear reasons; the most recent flare is calming down; and both medications seem to help her control these symptoms, without which she has insomnia. Objective findings included stable physical examination; no new signs of neural injury; and she has more focal tenderness over the right acromioclavicular joint. The treatment plan has included the request for Celebrex 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID
Page(s): 86.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not report persistent pain despite treatment with acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type when there is indication of persistent pain despite acetaminophen. In addition, the medical records do not support a history of GI related distress or GERD in support of using a COX selective medication like celebrex. As such the medical records do not support use of celebrex congruent with MTUS. Therefore, the request is not medically necessary.