

Case Number:	CM15-0109729		
Date Assigned:	06/16/2015	Date of Injury:	04/06/2011
Decision Date:	07/17/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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: 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 76 year old male who sustained an industrial injury on 04/06/2011 resulting in a right upper extremity injury. Treatment provided to date has included: physical therapy, injections, medications, and conservative therapies/care. Diagnostic tests performed include: electrodiagnostic and nerve conduction testing (11/17/2011) showing evidence of right C5-6 radiculopathy; MRI of the right wrist (07/19/2011) showing effusion without ligament or tendon tears; and MRI of the right elbow (07/19/2011) showing denervation changes of the anconeus and pronator teres humeral head muscles. There were no noted comorbidities or other dates of injury noted. On 05/18/2015, physician progress report noted complaints of continued neck pain and right wrist/arm pain. The pain was not rated in severity, and was described as increased with activity. Current medications were not discussed. The physical exam revealed a normal gait and arm swing without assistive devices, wearing a soft cervical collar and right wrist splint, and decreased strength in the right upper extremity. The provider noted diagnoses of neck sprain. Plan of care includes cervical collar and right wrist splint replacement, continued activity as tolerated, Celebrex, Lyrica, and elector patch. The injured worker's work status remained permanent and stationary. The request for authorization and IMR (independent medical review) includes: Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 x 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents on 05/18/15 with unrated neck and right wrist pain. The patient's date of injury is 04/06/11. Patient is status post cervical ESI at C7-T1 level on 08/17/11. The request is for Celebrex 200mg #60 x5 refills. The RFA is dated 05/20/15. Physical examination dated 05/18/15 reveals tenderness to palpation of the cervical spine with unspecified range of motion loss. No other abnormal physical findings are included. The patient is currently prescribed Celebrex, Flector patches, and Lyrica. Diagnostic imaging included MRI's of the right wrist and right elbow dated 07/19/11, significant findings include: "early denervation changes in the aconeus and pronator teres humeral head muscles of uncertain etiology..." and "moderate nonspecific radiocarpal effusion longstanding with associated chronic pressure erosion along the volar waist and proximal pole of the scaphoid." Patient is currently classified as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, page 22, has the following under Anti-inflammatory medications: "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2 versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk." In regard to the request for Celebrex, this patient does not meet guideline criteria. This patient has been taking Celebrex since at least 11/09/12, though efficacy is not specifically addressed in recent progress notes. While this patient is 76 years old, there is no discussion of a history of GI complications, or upset attributed to first-line NSAID medications. MTUS guidelines state that Celebrex is indicated in patients with a history of GI complications and not recommended for the majority of patients owing to high cost. Without a documented history of GI upset secondary to NSAID use or other GI complications, the medical necessity of this medication cannot be substantiated. The request is not medically necessary.