

<b>Case Number:</b>	CM15-0016384		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	09/07/2007
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 is a 58 year old female, who sustained an industrial injury on 9/7/2007. The injured worker reported lifting heavy boxes and subsequent pain in the shoulders, neck and lower back. Diagnoses include rotator cuff rupture, shoulder impingement and bursitis and frozen shoulder. Treatments to date include medication management. A progress note from the treating provider dated 12/10/2014 indicates the injured worker reported bilateral shoulder and neck pain. On 1/22/2015, Utilization Review non-certified the request for Celecoxib 200 mg #30, citing MTUS. A treating physician note dated 11/17/2014 was also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celecoxib 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories.

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

**Decision rationale:** Celebrex (celecoxib) is a medication in the selective non-steroidal anti-inflammatory drug (NSAID) class. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck and both shoulders. The recorded pain assessments were minimal. There was no discussion exploring the potential negative effects, describing monitoring for complications, or detailing the worker's individualized risk. Further, these records reported the worker was taking two NSAIDs, which would increase the worker's risk of complications. For these reasons, the current request for thirty tablets of celecoxib 200mg is not medically necessary.