

Case Number:	CM15-0135227		
Date Assigned:	07/23/2015	Date of Injury:	04/01/2002
Decision Date:	08/19/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/13/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury on April 1, 2002. She reported injury to her hands and left shoulder. The injured worker was diagnosed as having left shoulder tendinosis. Treatment to date has included diagnostic studies, surgery, exercises, physical therapy, injections, right thumb brace and medications. On July 29, 2015, the injured worker complained of an increase in her bilateral hand and left shoulder symptoms. She reported bilateral hand swelling in the morning as well as numbness in her left hand with writing. She has a pain at the base of both thumbs. Her pain is aggravated by grasping activities at work. Her left shoulder pain is associated with overhead reaching and heavy pulling at work. She continues to have difficulty raising her left arm even though she finished her physical therapy visits. She reported that her pain is improved with Celebrex. The treatment plan included physical therapy and medications. On June 27, 2015, Utilization Review non-certified the request for Celebrex 200 mg, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #60 with two refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX two non-steroidal anti-inflammatory drugs have fewer side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non selective non-steroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, injured workers working diagnosis is wrist/forearm tendinosis, bilateral. The date of injury is April 1, 2002. The request for authorization is dated June 17, 2015. The earliest progress note in the medical record is dated July 16, 2012 and contains a prescription for Celebrex. There is no dosage in the note. The most recent progress note dated June 9, 2015 subjectively states the worker has bilateral hand and bilateral shoulder pain. The injured worker status post bilateral carpal tunnel release and left shoulder SLAP repair. The injured worker was prescribed Celebrex 200 mg once daily. The treating provider is seeking to increase Celebrex to 200 mg b.i.d. Utilization review provider initiated a peer-to-peer conference call with the treating provider. The treating provider agreed to wean Celebrex. #40 Celebrex tablets were prescribed without refills. There was no documentation demonstrating objective functional improvement to support ongoing Celebrex. Based on the clinical information, peer-reviewed evidence-based guidelines, evidence of objective functional improvement and a peer-to-peer conference call agreeing to wean Celebrex, Celebrex 200 mg #60 with two refills is not medically necessary.