

Case Number:	CM15-0139385		
Date Assigned:	07/29/2015	Date of Injury:	10/29/2009
Decision Date:	09/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old female patient, who sustained an industrial injury on October 29, 2009. She sustained the injury when she squatted down to put trays on the cart and four to five boxes fell on her. The diagnoses include cervical strain, shoulder strain, radiculopathy and upper extremity contusion. Several documents within the submitted medical records are difficult to decipher. The progress note dated 6/12/15 was not fully legible. Per the progress note dated June 12, 2015 she had complains of headaches, neck and shoulder pain. Physical examination revealed tenderness to palpation of the shoulders and trapezius area, decreased painful range of motion (ROM) of the shoulder. The medications list includes celebrex, fiorinal, cymbalta and lidoderm patch. She has had multiple diagnostic studies including cervical MRIs, MRI right wrist, MRI right elbow and right shoulder MRI. She has undergone left shoulder surgery on 2/5/2013. Treatment to date has included cognitive behavioral therapy (CBT), physical therapy, massage therapy and medication. The plan includes physical therapy, medication and cognitive behavioral therapy (CBT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page 22Celebrex, Page 30.

Decision rationale: Celebrex 200mg #30 with one refill Celebrex contains Celecoxib, which is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines "Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) 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." According to the cited guidelines, Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. In addition, per the cited guidelines 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. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. Failure of generic NSAIDs like ibuprofen or naproxen (with dose, duration and side effects) is not specified in the records provided. The medical necessity of Celebrex 200mg #30 with one refill is not medically necessary for this patient at this time.

Cognitive Behavioral Therapy x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 23, Behavioral interventions.

Decision rationale: Cognitive Behavioral Therapy x 8 Per the cited guidelines regarding cognitive behavioral training recommended "Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone". Per the CA MTUS Chronic pain medical treatment guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend "Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." Patient has had an unspecified number of cognitive behavioral therapy (CBT) visits for this injury. The requested additional visits in addition to the previously rendered CBT sessions are more than recommended by the cited criteria. There is no evidence of

significant ongoing objective progressive functional improvement from the previous CBT visits that is documented in the records provided. The notes from the previous CBT visits are not specified in the records provided. A detailed recent psychiatric evaluation that would require additional CBT visits is not specified in the records provided. The medical necessity of Cognitive Behavioral Therapy x 8 is not medically necessary for this patient.