

Case Number:	CM15-0144247		
Date Assigned:	08/05/2015	Date of Injury:	12/13/2003
Decision Date:	09/03/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/24/2015

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, 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 65-year-old female, who sustained an industrial injury on 12-13-2003. The mechanism of injury is unknown. The injured worker was diagnosed as having fibromyalgia, cervical spondylosis with myofascial pain, cervical radiculopathy with disc protrusion at cervical 4-6, bilateral cubital syndrome, bilateral carpal tunnel syndrome, lumbar spondylosis and myofascial pain, bilateral shoulder and wrist sprain-strain, bilateral shoulder impingement, bilateral knee pain and depression-anxiety. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5-20-2015, the injured worker complains of ongoing pain and discomfort in her knees, headaches with neck pain and pain radiating to the shoulders. Physical examination showed cervical tenderness, spasm and pain with range of motion, bilateral shoulder tenderness with positive impingement sign, bilateral elbow tenderness, lumbar tenderness, spasm and restricted range of motion, bilateral knee tenderness and pain radiating to the left foot. The treating physician is requesting Celebrex 200 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celecoxib (Celebrex), NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the documentation available for review, the patient continues to have persistent pain despite using Celebrex. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events with no cardiovascular disease, as the patient is concurrently using both Ibuprofen and Celebrex without clear documentation of rationale. In the absence of such documentation, the currently requested Celebrex is not medically necessary.