

<b>Case Number:</b>	CM15-0147839		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Massachusetts

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:

This 58-year-old man sustained an industrial injury on 8-17-2009. The mechanism of injury is not detailed. Diagnoses include right shoulder rotator cuff tear, right shoulder impingement, acromioclavicular joint arthrosis, status post cervical spine surgery, lumbar sprain, status post right shoulder surgery, migraine headaches, and depression. Treatment has included oral medications and surgical interventions. Physician notes dated 5-27-2015 show complaints of neck tightness rated 5 out of 10 with restriction to the left shoulder range of motion. Recommendations include urine drug screen, Norco, Amitriptyline, Celebrex, continue home exercise program, and follow up as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 100 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant sustained a work-related injury in August 2009 and is being treated for neck and shoulder pain. The claimant has hypertension and migraines. When seen, there was decreased right shoulder and cervical and lumbar range of motion. Lumbar range of motion was painful. There was tenderness and muscle spasms were present. There was a slightly antalgic gait with use of a cane. There was positive straight leg raising bilaterally. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Celebrex over a non-selective medication. Therefore, the request is not medically necessary.