

Case Number:	CM15-0165480		
Date Assigned:	09/10/2015	Date of Injury:	10/09/2013
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old female who sustained an injury on 10-9-13. Diagnoses include rule out cervical radiculopathy; right upper extremity with evidence of bilateral C4-C5 neuroforaminal stenosis and moderate left C5-C6 neuroforaminal stenosis; Stage III impingement, right shoulder without evidence of gross rotator cuff tear. Diagnostic testing included MRI (12-9-13); Electromyogram and nerve conduction studies (1-17-14) and MRI right shoulder 1-14-14 revealed no evidence of gross rotator cuff tear. Arthroscopic subacromial decompression and debridement performed on 8-12-14. She had physical therapy requested on 4-13-15 for her shoulder. The examination on 5-18-15 indicates the IW is doing much better with her right shoulder; still has numbness and paresthesia down into her arm and hand. She is in no distress; some recurrent discomfort with pain radiating into the lateral aspect of her left arm; active forward flexion is 160; abduction 150. On 7-1-15 she continues to have aching discomfort in her right shoulder with pain off and on that is localized at the superior aspect of her shoulder and some radiation into the scapula. The physical examination shows increase tone throughout the cervical paraspinal musculature; cervical compression causes recurrent discomfort with pain radiating into the lateral aspects of the right shoulder. She has been on restricted work since 5-25-15 of no overhead activity above her shoulder level. The plan was to continue with Motrin; home exercise program and a request for cervical epidural to evaluate how much of her persistent pain is actually cervical in nature. Her shoulder continues to improve as expected. 7-15-15 examination for a follow-up indicates she has neck pain, positive Spurling test, nerve impingement down the right side; numbness and tingling to the thumb and index finger, and pain

in the forearm but no weakness on grip or wrist extension. She has tried physical therapy, exercises and anti-inflammatories and they have not made a difference. It was noted that she has degeneration of the facets and pain with extension and were waiting for a diagnostic root block at C6 right side along with continuous physical therapy to make a diagnosis and treatment. Current requested treatments Celecoxib 200 mg Quantity 30. Utilization review 7-29-15 denied requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib 200 MG Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: According to CA MTUS guidelines, anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. While the injured worker does not report side effects and there are no medical issues that would contraindicate continued use of NSAIDs including heart disease or kidney disease, the guidelines recommend using lowest possible dosage of generic medication unless otherwise contraindicated. There is no indication of gastritis or ulcer noted in the records that would necessitate use of this medication over the previously prescribed motrin. Considering that this medication is supported by the guidelines, I believe continued use is not medically necessary at this time.