

<b>Case Number:</b>	CM15-0166400		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

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:

This injured worker is a 49 year old female who reported an industrial injury on 6-25-2012. Her diagnoses, and or impression, were noted to include left shoulder tendinitis with impingement, and cubital tunnel syndrome with mild subluxation, status-post left cubital tunnel release (1-7-15); and history of left carpal tunnel syndrome - resolved. No current imaging studies were noted. Her treatments were noted to include: a panel qualified medical evaluation (12-2013); consultations; surgery; physical therapy; heat and cold therapy; medication management; and rest from work. The progress notes of 7-30-2015 reported a follow-up visit for continued moderate left shoulder pain, following much improvement in the elbow and with numbness in the left hand, after cubital tunnel decompression. Objective findings were noted to include the intolerance to most non-steroidal anti-inflammatory; tenderness, crepitation and limited range-of-motion, with positive impingement sign in the left shoulder; and mild tenderness over the cubital tunnel scar and mild subluxation on the ulnar nerve at the cubital tunnel. The physician's requests for treatments were noted to include the continuation of Celebrex for the extensive inflammatory disorders plaguing this injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Celebrex 200 MG #30 DOS 7/2/15: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

**Decision rationale:** MTUS Guidelines do not favor the chronic use of NSAID medications, but do allow for their use in as low a dose as possible for as short as possible. The Guidelines leave these parameters open ended and dependent upon risk vs. benefits for an individual patient. This individual has several conditions that are associated with chronic inflammation and the Celebrex is noted to be beneficial for pain, functioning and improved sleep. The choice of Celebrex appears to be careful due to trials of other anti-inflammatory with increased GI symptoms. Under these circumstances, the Retro Celebrex 200 MG #30 DOS 7/2/15 is consistent with Guidelines and is medically necessary.