

Case Number:	CM15-0169301		
Date Assigned:	09/10/2015	Date of Injury:	05/05/1999
Decision Date:	10/14/2015	UR Denial Date:	07/26/2015
Priority:	Standard	Application Received:	08/27/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 59 year old female, who sustained an industrial injury on May 5, 1999, incurring injuries to shoulders, low back and left knee. She had no prior injuries related to this industrial accident. She underwent two right shoulder surgeries, one left shoulder surgery and a left knee surgery. She was diagnosed with multi-level degenerative disc disease and lumbar spondylosis, bilateral internal derangement, and left knee internal derangement. Treatment included anti-inflammatory drugs, muscle relaxants, anti-inflammatory drugs, antidepressants, physical therapy and home exercise program, rest, injections and activity restrictions. Currently, the injured worker complained of persistent neck pain, bilateral shoulder, left knee and lower back pain. She rated her pain 8 out of 10 on a pain scale. Pain was increased with prolonged standing, walking, squatting and reaching at or above shoulder level. She was diagnosed with chronic pain syndrome. The treatment plan that was requested for authorization on July 20, 2015, included a prescription for Celebrex with three refills. The request for the prescription Celebrex with three refills was denied by utilization review on June 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. The medical records do not indicate a prior history of GI related side effects or intolerance for non-selective COX inhibitors. As such the medical records provided for review do not support the use of a selective COX inhibitor-celebrex for the insured as there is no indication of objective benefit in function or side effects from other NSAIDS. Therefore the request is not medically necessary.