

Case Number:	CM15-0181058		
Date Assigned:	09/22/2015	Date of Injury:	05/05/1997
Decision Date:	10/27/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/14/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 67-year-old male, with a reported date of injury of 05-05-1997. The mechanism of the injury was the result of a fall. The injured worker sustained left shoulder pain. The diagnoses include left shoulder primary osteoarthritis, left shoulder pain, and closed intra-articular distal radius fracture. Treatments and evaluation to date have included Hydrocodone-acetaminophen, Celecoxib, Celebrex (since at least 12-2014), shoulder surgery, and manipulation therapy. The diagnostic studies to date have not been included in the medical records. The medical report dated 08-11-2015 indicates that the injured worker suffered a right wrist fracture, and wore a cast. His symptoms were improving, and the pain was described as minimal. The physical examination showed no acute distress, tenderness to palpation at the right dorsal wrist, mild swelling at the right wrist. An x-ray of the right wrist showed healing of the distal radius intra-articular fracture. On 07-22-2015, the injured worker presented with left shoulder pain. He rated the pain 2 out of 10. It was noted that in the past, the injured worker had a fracture, adhesive capsulitis, and frozen shoulder. The injured worker had been taking Celebrex to relieve his pain. The objective findings include no soft tissue swelling or joint effusion; active humeral flexion at 140 degrees; active humeral abduction at 130 degrees; internal rotation with the arm at the side at 70 degrees; external rotation strength was normal; internal rotation strength was normal; mildly positive cross body acromioclavicular compression test; and mildly positive Speed's test. The treatment plan included the continued use of Celebrex and prescription for six months. The treating physician planned to see the injured worker again in six months. The treating physician requested Celebrex 200mg #30 with six refills. On 08-28-2015, Utilization Review (UR) modified the request for Celebrex 200mg #30 with six refills to Celebrex 200mg#30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg # 30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: Celebrex 200mg #30 with 6 refills is not medically necessary. Celebrex is a Cox-2 inhibitor non-steroidal anti-inflammatory medication. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time he has been on Celebrex. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. Finally, there is no documentation of gastrointestinal risk requiring a cox-2 inhibitor anti-inflammatory medication; therefore, the request is not medically necessary.