

Case Number:	CM15-0187617		
Date Assigned:	09/29/2015	Date of Injury:	05/01/2012
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/23/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on 05-01-2012. The injured worker is currently permanent, stationary, and able to work 8 hours a day with no overtime. Medical records indicated that the injured worker is undergoing treatment for ulnar neuritis, chronic pain syndrome, and chronic lateral epicondylitis to right elbow status post release. Treatment and diagnostics to date has included heat-ice, stretching, pain medications, acupuncture, and cortisone injections. After review of progress note dated 08-20-2015, the injured worker reported right elbow and forearm pain. Objective findings included tenderness to palpation over right elbow. The treating physician noted that the injured worker has done very well with Celebrex in the past and issued her a new prescription. The request for authorization dated 08-20-2015 requested Celebrex 200mg #60 x 3 and consultation (with possible transfer of care). The Utilization Review with a decision date of 08-31-2015 modified the request for Celebrex 200mg #60 x 3 refills to Celebrex 200mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 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).

Decision rationale: In this case, the request is for Celebrex 200 mg #60 with 3 refills, constituting a 6-month supply. The patient has been diagnosed with right elbow pain. Within the medical records submitted, a review of systems states that the patient "has stomach upset medications H. pylori." There is no discussion of actual GI symptoms, i.e. nausea, heartburn, reflux, etc. There is no mention of whether first-line NSAIDs (i.e. Ibuprofen, Naprosyn) have resulted in dyspepsia. The patient has reportedly "done very well with Celebrex in the past," but it is not clear whether or not the patient is currently taking Celebrex. There is no rationale presented as to why Celebrex is required versus a non-specific NSAID. The request for a six-month supply is excessive given the necessity of establishing efficacy prior to approval for long-term use. Therefore, the request is not medically necessary or appropriate.