

Case Number:	CM15-0187986		
Date Assigned:	09/29/2015	Date of Injury:	03/11/2007
Decision Date:	11/12/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/24/2015

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, District of Columbia, Maryland
 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 53 year old male who sustained an industrial injury March 11, 2007. Past history included left shoulder surgery x 2 2007, 2010 and cervical C5-6 disc replacement March 2010, and steroid joint injection to the hip. Diagnoses are cervical radiculopathy; cervical facet syndrome; post-cervical laminectomy syndrome; shoulder pain; cervical spondylosis. According to a primary treating physician's progress report dated September 8, 2015, the injured worker presented with complaints of neck pain radiating down the left arm, upper back pain and left shoulder pain. He reports pain levels have increased since the last visit, rated 7 out of 10 with medication and 10 out of 10 without medication. With medication he is able to perform household duties including laundry, meal prep, self-care, writing-computer work and grocery shopping. He is only able to perform these tasks with minimal times of 10 minutes. The primary treating physician documented he has taken over prescribing opiate medication since June, 2015. Current medication included Celebrex, Hydrocodone-acetaminophen, Aspirin, Ranitidine, and Sertraline. A review of system checklist present which is positive for; unhappy, poor sleep, depression, and hayfever. The injured worker reports tenderness in the mid-thoracic area and on physical exam the physician documents a definite area of trigger point tenderness noted. There is no further documented physical examination noted in this office visit. At issue, is the request for authorization for Celebrex. According to utilization review dated September 11, 2015, the request for Celebrex 200mg #30 is non-certified. The request for Hydrocodone-Acetaminophen 10-325mg #120 is certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: 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: Per MTUS CPMTG p70, Celebrex is used for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. It works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. Documentation submitted for review contains no evidence that the injured worker was refractory to treatment with ibuprofen or naproxen. The MTUS supports the use of Cox-2 inhibitors for individuals with an increased risk or history of GI complications. The documentation did not note any history of GI complications, or risk factors for GI complications. While it is noted that NSAIDs are clinically indicated for this claimant, the requested Celebrex is not supported by the guidelines. This request is considered not medically necessary.