

<b>Case Number:</b>	CM15-0192296		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/03/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Arizona, California  
 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:

This is a 32 year old male with a date of injury of July 3, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for injury of wrist and chronic pain syndrome. Medical records dated July 27, 2015 indicate that the injured worker complained of pain in the right forearm and wrist with numbness and tingling. Records also indicate that the injured worker underwent ulnar shortening on April 30, 2015, and had a history of multiple surgeries to the right wrist and forearm. A progress note dated August 25, 2015 documented complaints of continued achiness in the wrist, particularly with range of motion exercises. Per the treating physician (August 25, 2015), the employee was temporarily totally disabled. The physical exam dated July 27, 2015 reveals tenderness to palpation of the right ulnar styloid process, and tenderness of the right wrist with active range of motion. The progress note dated August 25, 2015 documented a physical examination that showed no changes since the examination performed on July 27, 2015. Treatment has included right wrist surgeries, cortisone injection of the right wrist (August 14, 2015) that "Helped a little", wrist bracing, and medications (Celebrex 100mg twice a day noted on August 25, 2015; Hydrocodone-Acetaminophen 10-325 five times a day as needed since at least April of 2015). The treating physician documented (August 25, 2015) that the urine drug screen was "Appropriate" (no date documented). The original utilization review (September 1, 2015) non-certified a request for Celebrex 100mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 100 mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. The claimant was on Celebrex for an unknown length of time. Pain scores were not noted. The continued use of Celebrex is not justified and is not medically necessary.