

Case Number:	CM15-0193077		
Date Assigned:	10/07/2015	Date of Injury:	11/11/2008
Decision Date:	11/16/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 who sustained an industrial injury on 11-11-2008. Medical records indicated the worker was treated for bilateral shoulder pain, and chronic pain syndrome. The worker is status post right shoulder arthroscopy, subacromial decompression with acromioplasty, rotator cuff repair and labral debridement(10-27-2014) and has been released to work without restriction. He is keeping active and is encouraged to continue ice and heat therapy with a home exercise program. In the exams of 08-17-2015 and 09-15-2015, he rates his pain as a 9 on a scale of 0-10 and 3 on a scale of 10 with medication. In the provider notes of 09-05-2015 the worker is seen in follow-up for bilateral shoulder pain and pain medication management. He reports his pain as unchanged since his last appointment and denies any new symptoms or neurological changes since his last appointment. On exam, his bilateral shoulders have 2+ deep tendon reflexes and diffuse tenderness to palpation right more than left especially in the anterior portion. He has -4 out of 5 strength on all planes bilaterally. Sensation is intact and equal, and range of motion is limited in all planes bilaterally. His medications include Tizanide, Norco and Celebrex. The worker Urine drug screens are used for monitoring compliance. His most recent drug screen results (08-17-2015) were consistent with what was being prescribed and there is no indication of abuse or misuse. Provider notes on 09-15-2015, state his pain is a combination of nociceptive and neuropathic pain of moderate to severe intensity. The provider notes also state he has enough refills for Zanaflex for acute pain and muscle spasms and Celebrex (since at least 05/14/2015) for pain and inflammation. A request

for authorization was submitted for Celebrex 200mg quantity 30. A utilization review decision 09-24-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: Anti-inflammatories, including Celebrex are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2008 injury nor have they demonstrated any functional efficacy in terms of improved functional status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Celebrex 200mg quantity 30 is not medically necessary or appropriate.