

Case Number:	CM15-0193581		
Date Assigned:	10/07/2015	Date of Injury:	11/21/1994
Decision Date:	11/16/2015	UR Denial Date:	09/22/2015
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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 74 year old female with a date of injury of November 21, 1994. A review of the medical records indicates that the injured worker is undergoing treatment for left carpal tunnel syndrome and complex regional pain syndrome. Medical records dated March 11, 2015 indicate that the injured worker complained of right arm pain that was worse recently, and pain and numbness that goes to the right side of the neck and face. A progress note dated July 23, 2015 documented complaints of continued pain in the left shoulder, and unable to put her arms above her head. Per the treating physician (July 23, 2015), the employee was having difficulty working due to pain. The physical exam dated March 11, 2015 reveals decreased range of motion of the right shoulder, and right arm and shoulder atrophy. The progress note dated July 23, 2015 documented a physical examination that showed no findings documented regarding the shoulders or the wrists. Treatment has included medications (Celebrex 200mg twice a day, Lyrica 75mg five times a day and Amitriptyline HCL 75mg at bedtime since at least February of 2015). The original utilization review (September 22, 2015) partially certified a request for Celebrex 200mg #60 with one refill (original request for three refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Celebrex 200mg #60, with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Celebrex.

Decision rationale: This claimant was injured now 21 years ago. There are continued arm and neck pain complaints. There is no mention of osteoarthritis, or gastroesophageal issues. The MTUS are silent on Celebrex. The ODG supports its use as a special NSAID where there is a unique profile of gastrointestinal or cardiac issues. They note it should only be used if there is high risk of GI events. The guidance is: Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk was high the suggestion was for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. There is no suggestion at all of significant gastrointestinal issues in this claimant; the request for the Celebrex was appropriately non-certified, as criteria for appropriate usage under the evidence-based guides are not met, therefore is not medically necessary.