

Case Number:	CM15-0194854		
Date Assigned:	10/08/2015	Date of Injury:	06/28/2000
Decision Date:	11/24/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/05/2015

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 59 year old male, who sustained an industrial injury on 6-28-00. The injured worker was diagnosed as having bursitis of the left shoulder; impingement syndrome of the left shoulder. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6-9-15 indicated the injured worker is in the office for a follow-up of his left shoulder. He is requesting additional physical therapy which he reports was helping his shoulder symptom flare-up but was cut short by denials. He has had 2 recent 3-week physical therapy with improvement and is hopeful that additional physical therapy will help manage his shoulder symptoms. He is also requesting "a renewal of his Celebrex prescription as the generic prescription "caused the development of cold sores in his mouth." The provider notes the office has given him some samples of the Celebrex and his cold sores diminished immediately. His last clinical visit was 3 months ago and he is being seen as a routine visit for his left shoulder impingement syndrome. He reports shoulder pain, tenderness, crepitus and decreased range of motion. He also reports sleep disturbance. Current treatment has included nonsteroidal anti-inflammatory drugs, ice rest, and physical therapy, stretching exercises and strengthening. Past evaluation has included a shoulder MRI. He has had treatment of physical therapy and corticosteroid injection. On physical examination, the provider documents The right shoulder was examined with palpation revealing normal palpation with no tenderness Range of motion shows full range. Palpation of the left shoulder reveals AC joint tenderness, subacromial bursa tenderness and supraspinatus muscle tenderness, 90% normal with pain at the extremities. Motor shows 5 over 5 forward flexion, 4 out of 5 extension, 4 out of 5 abduction, 5 out of 5 adduction,

5 out of 5 internal rotation and 5 out of 5 external rotation. The provider notes Painful Arc, equivocal Yergason's and Speed's, but negative Hawkin's and Crank test. There is notes negative Apprehension and Scarf test. Submitted documentation of PR-2 back as far as 2011 indicate the injured worker had been prescribed Celebrex, but describes flare-ups with activity and mild discomfort. A Request for Authorization is dated 10-5-15. A Utilization Review letter is dated 9-4-15 and non-certification for Celebrex. A request for authorization has been received for Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex: 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: 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. The medical records submitted for review indicate that the injured worker was refractory to treatment with ibuprofen. It was noted that the injured worker developed severe internal mouth canker sores while taking the generic brand of Celebrex. These were alleviated upon going back to the name brand of Celebrex. The documentation submitted for review did not contain any evidence of objective functional improvement associated with the use of Celebrex. As such, the request is not medically necessary.