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| Case Number: | CM15-0195524 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 10/16/2012 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 09/23/2015 |
| 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: Florida, New York, Pennsylvania
 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 42 year old male with a date of injury on 10-16-12. A review of the medical records indicates that the injured worker is undergoing treatment for chronic left shoulder pain. Progress report dated 8-18-15 reports continued complaints of left shoulder pain. Objective findings: left shoulder with decreased range of motion, tenderness along the anterior aspect, increased pain, positive for impingement and tender on the left side of his neck. Treatments include: medication, physical therapy, H-wave, TENS unit and surgery. Request for authorization 9-10-15 was made for Celebrex 200 mg quantity 60. Utilization review dated 9-23-15 modified the request to certify quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, 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), NSAIDs, GI symptoms &

cardiovascular risk. Decision based on Non-MTUS Citation Risk of Cardiovascular Events and Celecoxib: A Systematic Review and Meta-analysis. Brent C, et al, J R Soc Med 2006: 132-140 Celebrex Prescribing Information: Accessed from FDA.gov 16 Nov 15.

Decision rationale: The members DOI is listed as 16Oct12. Treatment is reported to be focused on the Left shoulder and chronic pain. A variety of interventions have been utilized to include surgery. The request was for the use of Celebrex 200 mg bid. It was the first member of the class of Cox-2 inhibitors. The primary promoted advantage was the potential safety in those patients with risk of GI complications associated with the use of NSAID's and their negative impact on prostoglandins that impaired the production of the protective gastric mucous coat. Unfortunately, the potential risk of cardiovascular complications came to light when issues with a more selective second generation Cox-2 Inhibitor were uncovered. Celebrex was also withdrawn temporarily until the exact level of risk could be evaluated further. A systemic review showed that Celebrex had an Odds Ratio for Myocardial Infarction of 2.26 with a 95% CI of 1.0 -5.1. A modification to the dosing of the medication was put in place and the medication was re-released to the market. Currently the maximum dose for OA is 200mg. Dosing beyond this level is reserved for specific rheumatologic conditions that potentially warrant the increased cardiovascular risk in relation to the severity of the underlying primary diagnosis. In this situation with the information available the UR dosage modification is justified and supported. The Request is not medically necessary.