

<b>Case Number:</b>	CM15-0196500		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	05/12/2008
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 55 year old female, who sustained an industrial injury on 5-12-2008. The medical records indicate that the injured worker is undergoing treatment for right shoulder pain, rotator cuff syndrome, neck pain, cervical degenerative disc disease, and right cubital tunnel syndrome. According to the progress report dated 8-13-2015, the injured worker presented with complaints of neck pain, headache, and right arm pain. She notes that her right arm goes numb. On a subjective pain scale, she rates her pain 4-5 out of 10 with medications and 7 out of 10 without. The physical examination of the cervical spine reveals flexion 0-60 degrees, extension 0-50 degrees, left rotation 0-45 degrees, and right rotation 0-55 degrees. There is tenderness in the upper trapezius noted. Spurling's test is negative. Examination of the right shoulder reveals limited range of motion. The current medications are Norco, Neurontin, Celebrex (since at least 3-26-2015), Robaxin, and Effexor. Previous diagnostic studies include electrodiagnostic testing, MRI of the cervical spine, and MR arthrogram of the right shoulder. Treatments to date include medication management. Work status is described as temporarily totally disabled. The original utilization review (9-23-2015) had non-certified a request for Celebrex #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #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), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** CA MTUS/Chronic Pain Medical Treatment Guidelines, page 70 states that Celecoxib (Celebrex) is for use with patients with signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. In this case, the exam note does not demonstrate any evidence of osteoarthritis, rheumatoid arthritis or ankylosing spondylitis. Nor is there documentation of previous history of gastrointestinal complication. Therefore, the request is not medically necessary and the determination is for non-certification.