

Case Number:	CM15-0201173		
Date Assigned:	10/16/2015	Date of Injury:	10/16/2014
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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: Montana, Oregon, Idaho
 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 58 year old female, who sustained an industrial injury on 10-16-2014. The medical records indicate that the injured worker is undergoing treatment for cervicgia and backache. According to the progress report dated 9-17-2015, the injured worker presented with complaints of acute pain in her head, neck, low back, left arm, left hip, and left leg. On a subjective pain scale, she rates her pain 8 out of 10 with medications and 10 out of 10 without. The physical examination of the cervical spine reveals paravertebral muscle spasms, tenderness, and tight muscle band bilaterally. Examination of the lumbar spine reveals tenderness, hypertonicity, and spasms in the paravertebral muscles. Examination of the left elbow reveals tenderness to palpation over the lateral epicondyle. The current medications are Celebrex. The records do not indicated when Celebrex was originally prescribed. The treating physician states that "Celebrex is helping to improve her pain and she has been able to continue working with modifications". Previous diagnostic studies include electrodiagnostic testing and MRI of the neck. Treatments to date include medication management, physical therapy, and chiropractic. Work status is described as modified duty. The original utilization review (9-30-2015) had non-certified a request for Celebrex 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg Cap SIG: one po daily per pain #30: Upheld

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

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 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 supported by the guidelines and is not medically necessary.