

Case Number:	CM15-0201546		
Date Assigned:	10/16/2015	Date of Injury:	02/25/2014
Decision Date:	11/24/2015	UR Denial Date:	10/05/2015
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: 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 58 year old female injured worker suffered an industrial injury on 2-25-2014. The diagnoses included rupture of the posterior tibial tendon, peripheral nerve impairment to the posterior tibial nerve and its distal branches and entrapment of the posterior tibial nerves, plantar lateral and medial nerves and medical calcaneal nerve. On 9-9-2015, the treating provider reported she continued with pain in the ankle and felt increased pain upon weightbearing. On exam, there was edema and tenderness around the posterior tendon. She had a complete significant unilateral collapse of the foot upon weightbearing. Prior treatment included bracing Feldene and Tylenol. The medical record did not indicate the medical necessity or indication for the requested treatment. There was no evidence of prior medication failure. Request for Authorization date was 9-9-2015. The Utilization Review on 10-5-2015 determined non- certification for Celebrex 200mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 notes from 9/9/15 does not demonstrate any evidence of osteoarthritis, rheumatoid arthritis or ankylosing spondylitis. There is not documentation of previous history of gastrointestinal complication. Therefore, the determination is for non-certification.