

Case Number:	CM15-0205494		
Date Assigned:	10/22/2015	Date of Injury:	10/31/2003
Decision Date:	12/08/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/20/2015

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: 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:

The injured worker is a 68 year old male who sustained an industrial injury on 10-13-2003. A review of medical records indicates the injured worker is being treated for joint pain in the shoulder and sprain rotator cuff. Medical records dated 5-13-2015 noted right shoulder pain. He remained on Celebrex and Lidoderm patches with good benefit. Physical examination noted limited right shoulder elevation to less than 80 degrees. He was able to flex, extend, abduct, an adduct all the fingers as well as oppose and extend the thumb. Treatment has included Celebrex and Lidoderm since at least 5-13-2015. Utilization review form dated 10-15-2015 noncertified 60 capsules of Celecoxib 200mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib 200mg, #60: 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: In regards to NSAID use, the MTUS only makes specific recommendations for osteoarthritis and back pain. For osteoarthritis, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for mild to moderate pain. The MTUS states there is no evidence of long-term effectiveness for pain or function. There is a substantial risk of cardiovascular and GI adverse effects with the long term use of NSAIDs. For back pain, NSAIDs are recommended as a second-line treatment after acetaminophen. Although it is stated that this worker is receiving good benefit from Celebrex, it is not clear what benefit is being obtained. There is no documentation of functional improvement or objectively measured reduction in pain in response to Celebrex. There is no indication of a trial of acetaminophen. The continued long term use of Celebrex is not medically necessary.