

<b>Case Number:</b>	CM15-0209812		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, North Carolina

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 66 year old female with an industrial injury date of 04-23-2013. Medical record review indicates she is being treated for fracture of left distal radius-angulated and persistent pain-limited function left hand. Subjective complaints (09-08-2015) included discomfort of left distal forearm. The treating physician indicates the injured worker is having "less discomfort." She was performing daily exercises and using non-steroidal anti-inflammatory cream. Prior medications included Duexis. Review of medical records does not indicate prior use of Celebrex. Prior treatments included home exercise program, ice and elevation and topical pain creams. Physical exam (09-08-2015) noted no obvious swelling of left wrist or fingers of the left hand. Wrist range of motion was smooth but limited. On 09-25-2015 the request for Celebrex 200mg, #60 was non-certified.

### 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. 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:** The request is for Celebrex, a selective NSAID indicated for inflammatory pain. NSAIDs are recommended at the lowest dose for the shortest period of time. In this case, the documentation does not specifically indicate that Celebrex is providing the claimant adequate pain relief and improved function. The claimant states that the topical NSAID she is using is beneficial, however there is no discussion of the benefit provided by Celebrex. There is also no rationale for prescribing 2 NSAIDs, both topical and oral. Multiple NSAIDs put the patient at risk for adverse GI events. Therefore, the request is not medically necessary and appropriate.