

Case Number:	CM15-0026852		
Date Assigned:	02/18/2015	Date of Injury:	10/01/2008
Decision Date:	04/08/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 47-year-old [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 1, 2008. In a Utilization Review Report dated January 23, 2015, the claims administrator failed to approve a request for Celebrex. The claims administrator referenced a January 9, 2015 progress note and an associated RFA form of January 15, 2015 in its determination. The applicant's attorney subsequently appealed. On January 9, 2015, the applicant reported persistent complaints of shoulder pain. The applicant was working at [REDACTED], it was stated. Celebrex was attenuating the applicant's shoulder pain complaints. The attending provider stated that Celebrex had not generated any symptoms of reflux, suggesting that previously provided NSAIDs had, in fact, generated reflux. The applicant was returned to regular duty work. Celebrex was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg daily PM, #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): (s) 67, 68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Yes, the request for Celebrex, a COX-2 inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex may be considered if an applicant has a risk of GI complications. Here, the attending provider's progress note of January 9, 2015 did suggest that the applicant had previous issues with reflux and that provision of Celebrex had proven beneficial here as Celebrex had not generated symptoms of reflux, unlike other NSAIDs, it was suggested (but not clearly stated). The applicant had, however, derived appropriate analgesia and improvement of function with ongoing Celebrex usage as evinced by his successful return and/or maintenance of full-time regular duty work status as a truck driver. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.