

Case Number:	CM15-0027281		
Date Assigned:	02/19/2015	Date of Injury:	04/04/2014
Decision Date:	03/31/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/12/2015

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: North Carolina, Georgia
 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 60 year old female who sustained a work related injury April 4, 2014. While sitting in a chair, someone scared her and she jumped up, the chair rolled backwards and she fell forward, landing on her outstretched hands and bilateral knees with immediate pain. A few days later, she reported pain in her neck, back and right shoulder. She was treated with medication, physical therapy and trigger point injections. Past history includes open rotator cuff repair 10 years ago. According to an orthopedic progress report dated January 26, 2015, the injured worker presented with constant pain throughout her low back, neck and shoulders. An MRI of the right shoulder (report not present in medical record) shows partial bursal-sided tearing at the anterior supraspinatus-appears to have lateral footprint intake; medial side of footprint not present; significant subcoracoid narrowing 2 mm; mild coronally angulated acromion. Assessment includes; right shoulder pain, bilateral knee pain, neck and back pain. Treatment included medications; Neurontin, Celebrex, and Lidoderm Patch. Work status is documented as temporarily totally disabled. According to utilization review dated February 5, 2015, the request for Celecoxib (Celebrex) 100mg QTY: 60 is non-certified, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib 100mg Quantity: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 32, 67-68.

Decision rationale: CA MTUS guideline are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. Celebrex is a Cox-2 specific NSAID and MTUS guidelines state that NSAID use guidelines apply to use of Celebrex. The request for Celebrex 100 mg #60 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as there is no documentation of length of prior treatment with this medication, reponse to this dose or of any trials of lower doses. Celebrex 100 mg #60 is not medically necessary.