

Case Number:	CM15-0218250		
Date Assigned:	11/10/2015	Date of Injury:	06/01/2006
Decision Date:	12/21/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/05/2015

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

Certification(s)/Specialty: Emergency 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 injured worker is a(n) 48 year old female, who sustained an industrial injury on 6-1-06. The injured worker was diagnosed as having chronic low-grade neck, low back and shoulder pain and chronic myofascial pain. Subjective findings (3-26-15, 4-23-15, 5-21-15, 6-22-15, 7-20-15 and 8-19-15) indicated pain in the neck, shoulder and low back. The injured worker is currently working. She rated her pain 5 out of 10. Objective findings (3-26-15, 4-23-15, 5-21-15, 6-22-15, 7-20-15 and 8-19-15) revealed tenderness over the cervical paraspinal region with some spasming over the upper left trapezius muscles. As of the PR2 dated 10-15-15, the injured worker reports Celebrex takes her pain down from 8 out of 10 to 0 out of 10. Objective findings include tenderness over the cervical paraspinal region with some spasming over the upper left trapezius muscles. Current medications include Naproxen, Flexeril and Celebrex (since at least 9-16-15). Treatment to date has included chiropractic treatments x 18 sessions, massage therapy since 8-19-15 x 6 sessions, Voltaren gel and Zanaflex. The Utilization Review dated 11-2-15, non-certified the request for Celebrex 200mg #30 and modified the request for additional massage sessions x 6 to additional massage sessions x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg quantity 30: 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: The requested Celebrex 200mg quantity 30 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has pain in the neck, shoulder and low back. The injured worker is currently working. She rated her pain 5 out of 10. Objective findings (3-26-15, 4-23-15, 5-21-15, 6-22-15, 7-20-15 and 8-19-15) revealed tenderness over the cervical paraspinal region with some spasming over the upper left trapezius muscles. As of the PR2 dated 10-15-15, the injured worker reports Celebrex takes her pain down from 8 out of 10 to 0 out of 10. Objective findings include tenderness over the cervical paraspinal region with some spasming over the upper left trapezius muscles. Current medications include Naproxen, Flexeril and Celebrex (since at least 9-16-15). Treatment to date has included chiropractic treatments x 18 sessions, massage therapy since 8-19-15 x 6 sessions. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 200mg quantity 30 is not medically necessary.

Additional Massage Sessions quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: The requested Additional Massage Sessions quantity 6 is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 60, Massage therapy, recommends massage therapy as an option and "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." The injured worker has pain in the neck, shoulder and low back. The injured worker is currently working. She rated her pain 5 out of 10. Objective findings (3-26-15, 4-23-15, 5-21-15, 6-22-15, 7-20-15 and 8-19-15) revealed tenderness over the cervical paraspinal region with some spasming over the upper left trapezius muscles. As of the PR2 dated 10-15-15, the injured worker reports Celebrex takes her pain down from 8 out of 10 to 0 out of 10. Objective findings include tenderness over the cervical paraspinal region with some spasming over the upper left trapezius muscles. Current medications include Naproxen, Flexeril and Celebrex (since at least 9-16-15). Treatment to date has included chiropractic treatments x 18

sessions, massage therapy since 8-19-15 x 6 sessions. The treating physician has not documented the injured worker's participation in a dynamic home exercise program or other programs involving aerobic and strengthening exercise, nor objective evidence of derived functional improvement from completed massage therapy sessions. The criteria noted above not having been met, Additional Massage Sessions quantity 6 is not medically necessary.