

Case Number:	CM15-0050102		
Date Assigned:	03/23/2015	Date of Injury:	09/19/2002
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/17/2015

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: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on 9/19/02. The injured worker has complaints of neck pain; right shoulder pain and right arm and hand pain with pain numbness and tingling from the neck. The diagnoses have included chronic pain syndrome. Treatment to date has included Computed Tomography (CT) myelogram which showed a mild disk bulge at C5-6 more predominant towards the right; trigger point injection; injections and medications. The requested treatment is for Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient complains of neck, shoulder, arm pain secondary to CRPS. The physician is requesting Celebrex 200 mg with 4 refills. The RFA was not made available for

review. The patient's date of injury is from 09/19/2002, and her current work status was not made available. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Celebrex prior to 10/29/2014. None of the reports from 10/29/2014 to 01/28/2015 note medication efficacy as it relates to the use of Celebrex. In this case, given the lack of functional improvement while utilizing this medication, the request IS NOT medically necessary.