

<b>Case Number:</b>	CM15-0053768		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	07/21/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52-year-old female, who sustained an industrial injury on 07/21/2014. She reported a fall landing with the left shoulder and arm against the body. Diagnoses include left shoulder subacromial bursitis and impingement subacromial secondary to acromioclavicular joint arthritis. Treatments to date include medication, modified activity, and eight physical therapy sessions. Currently, they complained of left shoulder pain. On 2/3/15, the physical examination documented positive impingement test of the left shoulder, decreased range of motion due to pain. The plan of care included additional physical therapy sessions and Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-73.

**Decision rationale:** Celebrex (celecoxib) is a medication in the selective non-steroidal anti-inflammatory drug (NSAID) class. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker was experiencing left shoulder pain. The recorded pain assessments were minimal. There was no discussion suggesting the worker had improved function with this medication, exploring the potential negative effects, describing monitoring for complications, or detailing the worker's individualized risk. Further, these records reported the worker had a history of abdominal discomfort in the past. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of Celebrex (celecoxib) 200mg with five refills is not medically necessary.