

Case Number:	CM15-0056865		
Date Assigned:	04/01/2015	Date of Injury:	04/21/2001
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/25/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64-year-old female, who sustained an industrial injury on 4/21/2001. The injured worker was diagnosed as having left shoulder decompression x2, with ongoing shoulder pain and crepitus, left shoulder strain/sprain with impingement tendinopathy, and cervical sprain/strain with severe underlying spondylosis. Treatment to date has included diagnostics, right shoulder surgery in 2001 and 2002, and medications. On 11/06/2014, the injured worker complained of constant left sided neck and shoulder pain. Current medications included Norco, Ambien, Nexium, Nexium, and Celebrex (100mg daily). Her pain was rated 9/10, at best 4/10 with medications, and 10/10 without medications. A progress note discussing a treatment plan for Celebrex 200mg #60 was not noted. Progress notes dated in 2009 noted the use of Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory medications Page(s): 27-30.

Decision rationale: According to MTUS guidelines, Celebrex is indicated in case of back, neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. There is no documentation that Celebrex was used for the shortest period and the lowest dose. The patient continued to report chronic pain. Therefore, the prescription of Celebrex 200mg #60 is not medically necessary.