

Case Number:	CM15-0081175		
Date Assigned:	05/04/2015	Date of Injury:	06/18/2013
Decision Date:	06/04/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/28/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 male, who sustained an industrial injury on 06/18/2013. The initial complaints or symptoms included pain/injury to then right shoulder and arm. The injured worker was diagnosed as having a broken collar bone. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapy, and right shoulder surgery. Currently, the injured worker complains of right shoulder pain with a pain rating of 7/10, left knee pain, right wrist pain. The injured worker reported overall functional improvement with medications. The diagnoses include status post right shoulder cuff repair, adhesive capsulitis, right hip contusion-resolved, right elbow and knee laceration-resolved, right carpal tunnel syndrome, right ulnar nerve compression, fluid in the right wrist joint and distal radioulnar joint, tear of the triangular fibrocartilage, and depression. The request for authorization included a retrospective request for Celebrex with a date of service of 04/01/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Celebrex 200mg #60 X3 Refills DOS: 4/1/15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NSAIDS with GI issues.

Decision rationale: The MTUS are silent on Celebrex. The ODG supports its use as a special NSAID where there is a unique profile of gastrointestinal or cardiac issues. They note it should only be used if there is high risk of GI events. The guidance is:- Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary.- Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk was high the suggestion was for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. There is no suggestion at all of significant gastrointestinal issues in this claimant; the request for the Celebrex was appropriately non-certified, as criteria for appropriate usage under the evidence-based guides are not met. Therefore, the request is not medically necessary.