

Case Number:	CM15-0084912		
Date Assigned:	05/07/2015	Date of Injury:	04/02/1991
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/04/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 70 year old male, who sustained an industrial injury on 4/02/1991. The mechanism of injury was not noted. The injured worker was diagnosed as having bilateral shoulder pain. Treatment to date has included diagnostics, acupuncture, right rotator cuff surgery in 12/2012, left rotator cuff surgery in 6/2014, physical therapy, and medications. Currently (3/10/2015), the injured worker complained of increased left shoulder pain and right shoulder pain as well. He reported having to use Hydrocodone and Robaxin for pain, stating that Aleve was not really helpful. He reported benefit with Flector patch, as opposed to oral anti-inflammatory medication. Current medication use included Celebrex, Cialis, Flonase, Robaxin, Lisinopril, Podofilox, Sertraline, and Testosterone. Documented medications also included vitamins and supplements. His past medical history included hypertension and hyperlipidemia and his blood pressure was 154/92. Physical exam of his left shoulder noted 4/5 strength with forward flexion, otherwise intact, and pain with abduction and forward flexion. Exam of his right shoulder noted intact strength and painful abduction and forward flexion. He was currently retired. The use of Celebrex was referenced in 2007 (per Agreed Medical Evaluation Report 4/29/2013). Routine blood monitoring was not noted. The treatment plan included continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg 1 po daily #30, 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs Page(s): 22, 30, 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Anti-inflammatory medications are the traditional first line treatment for pain, but COX-2 inhibitors (Celebrex) should be considered if the patient has risk of GI complications, according to MTUS. The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications. Risk factors for GI bleeding according to ODG include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not indicate that he is undergoing treatment for any of the FDA approved uses such as osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis in patients 2 years and older, ankylosing spondylitis, acute pain, and primary dysmenorrhea. The patient has a history of long term NSAID use, without documentation of functional improvement. The 3/10/15 progress note from [REDACTED] notes failure of oral NSAIDs. As such, the request for Celebrex 200mg 1 po daily #30, 11 refills is not medically necessary.