

Case Number:	CM15-0089694		
Date Assigned:	05/14/2015	Date of Injury:	07/11/2013
Decision Date:	06/17/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on 07/11/2013. She has reported injury to the right foot and ankle. The diagnoses have included right ankle sprain; right foot and ankle peroneus brevis tendon tear; and status post right foot and ankle repair of peroneus brevis tendon tear, on 10/10/2014. Treatment to date has included medications, diagnostics, injection, home exercise program, physical therapy, and surgical intervention. Medications have included Celebrex and Tramadol. A progress note from the treating physician, dated 04/27/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of decreased symptoms in the right ankle after surgery. Objective findings included right ankle incision healed; and full range of motion. The treatment plan has included the return to work and the request for Celebrex 200 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 67-68.

Decision rationale: CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. Celebrex is a Cox-2 specific NSAID and MTUS guidelines state that NSAID use guidelines apply to use of Celebrex. The request for Celebrex 200 mg #30 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as there is no documentation of length of prior treatment with this medication, response to this dose or of any trials of lower doses. Celebrex 200 mg #30 is not medically necessary.