

Case Number:	CM14-0125285		
Date Assigned:	08/11/2014	Date of Injury:	04/28/2009
Decision Date:	10/16/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Neurology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 (IW) is a 59 year-old female with a reported date of injury as 4/28/2009. The mechanism of injury is not given in the medical reports provided for this review. The diagnoses of record are depression, cervical pain, and shoulder pain. A cervical spine MRI on 5/15/2009 revealed multilevel herniation with stenosis and neural foraminal narrowing C3 - 6 with evidence of osteoarthritis and osteopenia. An MRI of the right shoulder on 10/5/2010 revealed rotator cuff tears and focal impingement from a thickened CAC (coracoacromial) ligament and a small subacromial (SA) spur and inflammation at the SA bursa. An EMG study was referenced on 3/15/2013 which revealed moderate carpal tunnel syndrome (CTS) post-CTS surgeries in 2003 and 2009. The IW is status post right shoulder rotator cuff repair surgery, the date of which has not been specified. Reports indicate that the IW has completed 24 physical therapy sessions for the right shoulder and has noted improvements in range of motion (ROM) and strength. Cervical symptoms are noted in the physical exam where ROM in all planes tested is limited by pain but notes indicate that there are no radicular symptoms in the arm. The neurological exam of the upper extremities is normal for deep tendon reflexes, motor strength, and sensation to light-touch, but the right upper extremity is notable for shoulder movement restricted by pain and tenderness noted in the subdeltoid bursa. The wrist examination reveals positive Phalen's sign and Tinel's sign bilaterally. Past cervical epidural steroid injections provided minimal pain relief, and a trial with Baclofen failed due to the IW's nausea complaints. Reports indicate that the IW has been treated with a medication regimen largely unchanged for longer than six months and is stable where pain complaints are 2-3 /10 with medications and up to 7/10 without. Prescribed medications are Cymbalta 30 mg daily for depression and musculoskeletal pain, Norco 10/325 mg four-times daily, and Celebrex 200 mg once daily for treatment of inflammation and joint pain. There is note that the patient also receives Omeprazole

20 mg from another provider, and medical records state that she has a history of GERD (gastro-esophageal reflux disorder). A Utilization Review dated 7/15/2014 certified Cymbalta and Norco as prescribed on 7/9/2014, but denied the requested 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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67 - 69;.

Decision rationale: Celebrex is a selective non-steroidal anti-inflammatory drug (NSAID) which directly targets the COX-2 enzyme responsible for inflammatory pain. It is indicated for relief of pain symptoms due to osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. With regard to use of this selective NSAID over traditional non-selective NSAIDs, the MTUS Chronic Pain Medical Treatment Guidelines states that patients at high risk for gastrointestinal events (and without cardiovascular disease concerns) are recommended to use a selective Cox-2 drug with a proton pump inhibitor (PPI), if necessary. (It is noted that the IW has been approved for Omeprazole, a PPI.) The MTUS specifies the criteria for high risk assessment as anyone who: is older than 65 years, uses aspirin, corticosteroids and/or anticoagulants concomitantly, uses high- or multiple-doses of NSAIDs, or has a history of peptic ulcer, GI bleeding, or perforation. The records indicate the IW has a history of GERD but do not mention ulcers, bleeding, or perforations. As such, GERD presents an intermediate risk for GI events. However, it is noted that the IW is currently using Cymbalta for treatment of depression and musculoskeletal pain. Cymbalta is a combined selective serotonin and norepinephrine reuptake inhibitor (SSRI and SNRI). The concomitant use of SSRIs with NSAIDs increases the relative risk for serious upper GI events (MTUS, Use of NSAIDs and SSRIs, p. 69). As the IW has a history of GERD and uses Cymbalta, there is sufficient concern to establish the IW as a high risk for serious GI events: NSAIDs medications should be prescribed as the MTUS Guidelines recommend for high risk patients. Medical necessity for continued use of the selective NSAID Celebrex as requested is medically necessary.