

Case Number:	CM14-0140083		
Date Assigned:	09/08/2014	Date of Injury:	07/05/2011
Decision Date:	10/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/29/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 is a 30 year old female who reported an injury on 07/05/2011. The mechanism of injury was reported as a slip and fall. The diagnoses included partial rotator cuff tear. Past treatments include medications and surgeries. There were no diagnostic studies provided. The injured worker had a rotator cuff repair with distal clavicle excision and subacromial decompression in 2012. Per the 08/21/2014 determination letter, the injured worker was seen on 05/16/2013 and reported her right shoulder remained painful. Objective findings included weakness, muscle spasms on the right deltoid, and a positive supraspinatus isolation on the right. Range of motion was noted to be painful and limited. Per the 09/03/2014 supplemental report, the injured worker had been on Celebrex to control her pain and symptoms related to use of the upper extremity for activities of daily living. There was not a treatment plan or request for authorization form provided.

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 Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

Decision rationale: The injured worker has a history of partial rotator cuff tear. The California MTUS Guidelines state NSAIDs are recommended as an option for short-term symptomatic relief. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence to recommend one drug in this class over another based on efficacy. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. No clinical notes were submitted for review to verify subjective complaints and objective findings. Information obtained from the 08/21/2014 determination letter indicates the injured worker's right shoulder remained painful. The duration of use of Celebrex cannot be determined from the documentation provided. A pain assessment was not provided. The guidelines recommend NSAIDs at the lowest dose for the shortest period of time. There is a lack of documentation to evaluate for significant pain relief or objective functional improvements with the use of Celebrex. In addition, the submitted request does not specify the frequency of the medication. Therefore, the request is not supported at this time. As such, the request for Celebrex 200mg with a quantity of 30 is not medically necessary.