

Case Number:	CM14-0166244		
Date Assigned:	10/13/2014	Date of Injury:	05/18/1995
Decision Date:	11/13/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/08/2014

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 Family Practice, 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:

47 yr. old female claimant sustained a work injury in 1995 involving the shoulders. She was diagnosed with chronic pain syndrome and shoulder derangement. A progress notes on 9/23/14 indicated she had continued left shoulder 8/10 pain. She had numerous left shoulder surgeries without 100% improvement. Her pain had been managed with Norco, Cymbalta and Celebrex. She has tried Darvocet, Ibuprofen, Naprosyn, Flexeril and topical Lidocaine in the past. Exam findings were notable for left anterior shoulder tenderness. She had been on Celebrex for nearly a year with similar prior pain and functional findings in October 2013. She remained on Celebrex due to inability to tolerate side effects of other NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200 MG # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

Decision rationale: According to the MTUS guidelines, patients at intermediate to high risk for GI events including bleeding, H.Pylori, high dose NSAID use can either use an NSAID with a

PPI or a Cox2 inhibitor such as Celebrex. In this case, risk factors for GI events were not identified. In addition, the claimant had been on Celebrex for over a year with no significant change in pain or function. The claimant had been on Celebrex with Norco- an opioid. It is indicated for the continued use osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. There was no diagnosed of the above diagnoses. The continued use of Celebrex is not medically necessary.