

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0083435 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 09/16/2013 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 05/06/2014 |
| Priority: | Standard | Application Received: | 06/05/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 58-year-old female who has submitted a claim for closed fracture of humerus associated with an industrial injury date of September 16, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of left shoulder pain rated 3/10 accompanied by popping, weakness, catching and grinding. She also complains of continued right knee pain. Physical examination of the left shoulder showed abnormal shape, bulk, contour and tone of the shoulder girdle; crepitus; limitation of motion of the left shoulder; left rotator cuff weakness; swelling and tenderness of the left upper arm; thoracic paraspinal muscle tenderness with tight muscle band; and right thigh atrophy. Neurologic examination showed that the patient is mildly confused. Her speech is pressurized; has flight of ideas, and poor insight and judgment. The diagnoses were glenohumeral arthritis - traumatic; closed fracture of unspecified part of humerus; knee pain; open wound of face; loss of teeth due to trauma; closed fracture of fibula; medial meniscus tear; MCL strain/sprain; and cruciate ligament strain/sprain. Previous pain medication included Naprosyn. However, progress report dated April 21, 2014 stated that GI distress was noted with its use, hence Celebrex was prescribed instead. Treatment to date has included oral analgesics, physical therapy, home exercise program, left shoulder surgery, and glenohumeral injection. Utilization review from May 6, 2014 denied the request for Celebrex 200mg, 1 tab daily as needed, Quantity 30, Refills x 2. There is no documentation of why the medication is required, if the patient is at high risk for gastrointestinal events and no cardiovascular disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, brand name - Celebrex 200 mg 1 tab daily as needed, Quantity 30, Refills x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non steroidal Anti-Inflammatories Page(s): 39, 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Page 22 of the California MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. In this case, patient has been on NSAID (Naprosyn) since March 2014. Progress report dated April 21, 2014 stated that GI distress was noted with its use, hence Celebrex was prescribed instead. However, the documents do not reflect overall pain improvement and functional gains with NSAID use. Moreover, there was no evidence of moderate to severe pain based on the medical records submitted. Likewise, long-term use is not recommended by the guideline. The medical necessity for continued use has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Prescription drug, brand name - Celebrex 200 mg 1 tab daily as needed, Quantity 30, Refills x 2 is not medically necessary.