

Case Number:	CM14-0085096		
Date Assigned:	07/23/2014	Date of Injury:	12/14/2009
Decision Date:	10/06/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/04/2014

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 Physical Medicine & Rehabilitation 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 is a 65-year-old right-hand dominant male who alleged an industrial injury to the left shoulder on 12/14/09. He underwent a course of conservative care including physical therapy which did not help and eventually had rotator cuff repair and subacromial decompression on 02/09/10. He had approximately 12 to 15 post surgery physical therapy visits also; more were recommended by the therapist but denied. MRI of the left shoulder done on 12/27/10 showed rotator cuff tear. His medication regimen includes Norco and Celebrex and the patient admits that these medications help with his pain. His most recent evaluation on 05/05/14 suggests that he has an ongoing mildly tender left shoulder with increased pain when he tries to lift the arm and he rates the pain at 6/10. Examination of the left shoulder reveals painful range of motion, forward flexion 160 degrees, abduction 150 degrees. Diagnoses: Status post left shoulder open decompressive surgery and left shoulder tendinitis residual. Treatment plan includes request for MR1 arthrogram for left shoulder due to increased pain, refill Norco 10/325 one tablet p.o. t.i.d. #180 for a 2-month supply, Terocin lotion x2, continue home exercise program and TENS unit. Prescription was given for Celebrex 200 mg one p.o. b.i.d. #60. He failed Motrin and Naproxen secondary to GI irritability. He indicated that Celebrex gives him more relief on a daily basis and he does not have to depend on the Norco. The request for Norco 10/325 mg 2 tabs po qid #180 (2 month supply) was denied but weaning was recommended and Celebrex 200mg #60 was denied due to lack of medical necessity on 05/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: According to the CA MTUS guidelines, Selective COX-2 NSAIDS: It is recommended for Relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis especially in patients at intermediate risk for GI events. The medical records document the patient was diagnosed with post cervical laminectomy syndrome, and cervical radiculopathy. In the absence of documented history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or anticoagulants, of high dose of NSAIDS, further, in absence of documented any significant improvement of pain and function on this medication, the request is not medically necessary according to the guidelines.