

Case Number:	CM14-0211493		
Date Assigned:	12/24/2014	Date of Injury:	05/10/2010
Decision Date:	02/25/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 68 year old female with date of injury 05/10/2010. Date of the UR decision was 12/10/2014. Mechanism of injury was identified as cumulative work trauma resulting in bilateral upper extremity pain. Per report dated 11/24/2014, she presented with bilateral shoulder and low back pain radiating to her bilateral lower extremities. She had a Lumbar Epidural Steroid Injection on 7/8/14 which resulted in 50% pain relief for 3 months. The documentation suggested that she had a surgical consult on 11/13/14 and was told that she would benefit from physical therapy. Because of her weight she was not currently a surgical candidate. She was continuing to take Percocet and Norco for breakthrough pain for her low back and shoulder pain, Pennsaid for shoulder pain, Celebrex 200 mg for inflammation for her low back, Zovirax for HSV, Soma for acute flare ups of muscle spasms in the low back, and Oxycontin for her chronic pain in the right shoulder and low back. Other treatments received so far have been massage therapy and chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): (s) 67-68, 70.

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

Decision rationale: Per MTUS CPMTG p70, Celebrex is used for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. It works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. Therefore, the request for Celebrex 200 mg #30, is medically necessary and appropriate.