

Case Number:	CM14-0216881		
Date Assigned:	01/06/2015	Date of Injury:	11/13/2013
Decision Date:	03/05/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/26/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 47 year old female worker was injured on 11/13/2013 while being employed. On physician visit dated 12/05/2014 she complained of right sided neck pain and right sided lower back pain. Also noted was right shoulder pain that radiated to right arm. Pain was described as a burning, numbness. She was previously prescribed Celebrex which per documentation she not been using. Musculoskeletal system general physical exam was noted as normal gait and posture. Diagnoses were shoulder strain, fibromyositis, low back pain and disorder of bursa of shoulder region. Work status noted as temporary total disabled. She was prescribed Celebrex 100mg, one capsule by mouth twice daily for 30 days with two refills. The document dated 12/15/2014 states the request for Celebrex 100mg #60 times two refills were modified to Celebrex 100mg #60 with no refills. The reviewing physician referred to CA MTUS Guidelines for recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #60 times 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-72.

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the documentation available for review, there is indication that Celebrex is providing specific analgesic benefit, as documented in the treatment section every progress note on date of service November 24, 2014. The submitted documentation indicates that the patient has either been on Celebrex or a total lack for an extended period of time. Therefore, there should be routine screening of laboratory work in order to assess effects on kidney function. No such laboratory work was submitted. Given this fact, and the fact that the guidelines recommend short-term prescription of NSAIDs if possible, it is reasonable to modify this request from a three-month supply to a one month supply. The original request is not medically necessary and the utilization review determination is upheld.