

Case Number:	CM14-0217233		
Date Assigned:	01/07/2015	Date of Injury:	07/04/1997
Decision Date:	03/26/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female who reported an injury on 09/04/1997, due to an unspecified mechanism of injury. On 10/31/2014, she presented for a followup evaluation regarding her work related injury. She stated that her pain had increased since her last visit. She stated that she has pain in the right shoulder rated at 9/10, and in the left shoulder at 7/10. Her medications included Celexa 40 mg daily, and nortriptyline 75 mg daily. She reported that her medications helped her reduce her pain and increase her daily function. She was also taking Celebrex 100 mg twice a day. A physical examination of the right shoulder showed flexion of 180 degrees, extension of 60 degrees, abduction of 180 degrees, ER side of 45 degrees, ER of 90 degrees, and IR of 70 degrees. There was tenderness to palpation of the biceps tendon and acromioclavicular bursa. The joint is stable and tracked well with range of motion, and no instability with manipulation or weightbearing. She had positive testing with Neer's and Hawkins, 5/5 strength, and normal sensation and deep tendon reflexes. The left shoulder examination was noted to be equivocal to the right. She was diagnosed with bilateral shoulder bursitis and impingement, right shoulder biceps tenosynovitis, status post bilateral shoulder surgeries, right shoulder glenohumeral degenerative spurring, and bilateral shoulder rotator cuff tendinosis. The treatment plan was for 1 prescription of Celecoxib 100 mg #60. The rationale for treatment was to treat the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Celecoxib 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68..

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of low back pain. The documentation provided does not indicate that the injured worker is suffering from low back pain. Also, there was a lack of evidence showing a quantitative decrease in pain with the use of this medication. Also, it is unclear how long she has been using this medication and, without this information, continuing would not be supported, as NSAIDs are only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.