

Case Number:	CM15-0108149		
Date Assigned:	06/12/2015	Date of Injury:	07/18/2012
Decision Date:	07/16/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 46-year-old who has filed a claim for chronic elbow, knee, shoulder, and neck pain reportedly associated with an industrial injury of July 18, 2012. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for Celebrex. The claims administrator referenced an April 29, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On April 1, 2015, the applicant reported ongoing complaints of hand, wrist, elbow, knee, and neck pain, 7-10/10. The applicant was also using Percocet for pain relief. The note was quite difficult to follow. In one section of the note, the attending provider stated that the applicant had used Celebrex with "no effect." In another section of the note, it was stated that the applicant was Neurontin, Norco, Flexeril, Motrin, Percocet, and Soma. The attending provider stated that the applicant would be bedridden without her medications. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG Qty 60 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: No, the request for Celebrex, a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex may be considered in applicants who are at heightened risk of GI complications, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the attending provider reported on April 1, 2015 that previously prescribed Celebrex had had "no effect." It did not appear that the applicant was working on that date. Previously prescribed Celebrex had seemingly failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite previous usage of Celebrex. It was not clearly established, furthermore, why a medication which was previously described as having "no effect" was re-prescribed or renewed. Therefore, the request was not medically necessary.