

Case Number:	CM15-0109985		
Date Assigned:	06/16/2015	Date of Injury:	01/15/2015
Decision Date:	07/15/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/08/2015

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: California

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 40 year old female who sustained an industrial injury on 01/15/2015. Mechanism of injury occurred when she was moving a computer and it slipped out of her hands. Diagnoses include carpal tunnel syndrome, pain in the pelvis joint and sprain and strain of the lumbosacral spine. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture and work restrictions. On 04/10/2015 a Magnetic Resonance Imaging of the lumbar spine showed a 2mm broad based generalized disc annular bulge noted at L4-L5 and L5-S1; No stenosis. On 04/27/2015 a Magnetic Resonance Imaging of the hip revealed bilateral adnexal cysts likely ovarian origin otherwise an unremarkable Magnetic Resonance Imaging of the hip. On 01/18/2015 X-rays of the cervical spine, right femur and right foot were unremarkable. A physician progress note dated 05/15/2015 documents the injured worker complains of severe neck pain, headaches, low back pain and right wrist pain. She has restricted range of motion and weakness. There is positive Tinel's and positive Phalen's. Treatment requested is for Celebrex 200mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have adequately addressed the indication to continue this NSAID for this acute injury as there are functional efficacy derived from treatment rendered enabling the patient to continue functioning. The Celebrex 200mg #60 is medically necessary and appropriate.