

Case Number:	CM15-0111985		
Date Assigned:	06/18/2015	Date of Injury:	07/14/2007
Decision Date:	07/17/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/10/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old female, who sustained an industrial injury on 7/14/2007. The mechanism of injury was not documented. The injured worker was diagnosed as having cervical strain and pain, chronic neck pain, cervical spondylosis, right upper extremity radicular pain, right shoulder strain and pain, tension headaches, and depression and anxiety. Treatment to date has included diagnostics and medications. Currently (4/22/2015), the injured worker complains of chronic neck pain and right shoulder blade pain. She reported not coming to the clinic in the last three months because she had a nervous breakdown and ended up in the hospital. She also reported not getting the cervical injection or attending physical therapy. She had swelling in her hands and a tender spot in the right shoulder blade. She also requested mental health treatment. She has been prescribed Norco, Celebrex, Cymbalta, and Topamax. She reported not having Norco in the last three months and having a lot of pain. She was teary and crying. She had limited range of motion in the cervical spine and gait was normal and non-antalgic. She did not exhibit pain behaviors and strength in all extremities was 5/5. She provided a limited urine sample, which was inconsistent with prescribed medications. X-rays of the bilateral hands (4/24/2015) noted degenerative joint disease at the first interphalangeal joint. The use of Celebrex was documented since at least 3/2013. Her work status was previously documented as permanent and stationary. The treatment plan included continued medications, including Celecoxib.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib 200mg #30: Upheld

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

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

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex (Celecoxib) is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. The claimant had been on Celebrex in combination with opioids for 2 year without evidence of consistent improvement in pain and function. Combined use with opioids over the long-term is not indicated. Therefore, this request for Celecoxib is not medically necessary.