

Case Number:	CM15-0112045		
Date Assigned:	06/18/2015	Date of Injury:	05/09/2009
Decision Date:	07/20/2015	UR Denial Date:	05/23/2015
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: 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:

The injured worker is a 52-year-old female, with a reported date of injury of 05/09/2009. The diagnoses include right shoulder impingement syndrome, status post right shoulder decompression, distal clavicle excision, biceps tendon release and rotator cuff repair with persistent symptoms; left knee internal derangement; discogenic lumbar condition; cervical condition with headaches; and chronic pain syndrome, leading to sleep disorder, anxiety, depression, and stress. Treatments to date have included an x-ray of the cervical spine on 02/11/2015 which showed moderate C5-6 and C6-7 degenerative changes; two right shoulder injections, with no relief; right rotator cuff repair, biceps release, and distal clavicle excision; an MRA of the right shoulder; two injections to the left knee; an MRI of the left knee; an MRI of the lumbar spine which showed multilevel disc disease; and electrodiagnostic studies of the lower extremities in 12/2010. The medical report dated 05/06/2015 indicates that the injured worker had a history of symptoms related to her neck, back, left knee, right shoulder, and head. The objective findings include abduction at 90 degrees with weakness to resisted function; tenderness along the rotator cuff; some atrophy noted along the shoulder; grade four strength to resisted external rotation and grade four + to resisted abduction with discomfort; and tenderness along the rotator on the right side. The treating physician requested Celebrex 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 20mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs 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 only recently being requested as a note in May 2015. The patient is documented as having an ulcer, although no further specifics are provided. The patient has musculoskeletal pain, and many other medications have been trialed and or denied per the requesting provider. Given this, it is reasonable to trial Celebrex with the ideal goal of short term use. The currently requested Celebrex is medically necessary.