

Case Number:	CM15-0117035		
Date Assigned:	06/25/2015	Date of Injury:	05/15/2005
Decision Date:	07/30/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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, Michigan

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 injured worker is a 46 year old male, who sustained an industrial injury on May 15, 2005. He was reported to have been injured in a motor vehicle accident resulting in a right shoulder disarticulation. The injured worker was diagnosed as having increased sensitivity right stump status post amputation right upper extremity, left rotator cuff tendinitis, and left elbow tendinitis. Treatment to date has included a right upper extremity prosthesis, x-rays, occupational therapy, and medication. Currently, the injured worker complains of increasing pain in the left shoulder and elbow. The most recent Treating Physician's report submitted dated February 24, 2015, noted the injured worker reported using his left upper extremity primarily for all activities, with the right prosthetic arm not working. The injured worker rated the left arm and shoulder pain as 4 to 5 out of 10 at its worst, usually worse at night with a long day of using the left upper extremity. The injured worker's current medications were listed as Tylenol and Advil. The left shoulder examination was noted to show tenderness at the acromioclavicular joint and laterally, with full range of motion (ROM). The left elbow was noted to show tenderness posteriorly, with increased sensitivity noted at the right amputation residual stump. The treatment plan was noted to include x-rays of the left shoulder and elbow, and therapy for the left upper extremity and a new prosthesis for the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-70.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for chronic low back pain as an option for short-term symptomatic relief, and for osteoarthritic pain recommended at the lowest dose for the shortest period in patients with moderate to severe pain. "There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on this." Celecoxib (Celebrex) is the only available COX-2 in the United States, used for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, [and] ankylosing spondylitis. The most recent physician visit documentation dated February 24, 2015, identified the injured worker as using only Tylenol and Advil, with no mention of the use of Celebrex by the injured worker. The documentation provided failed to include the date of initiation of the Celebrex, nor was there any rationale given that would support the use of a COX-2 NSAID. There was also no documentation of the injured worker's response to the medication, or any indication of improvement in pain or functionality with the Celebrex. Therefore, based on the MTUS guidelines, the documentation did not support the medical necessity of the request for Celebrex 200mg #30.