

Case Number:	CM15-0121339		
Date Assigned:	07/02/2015	Date of Injury:	07/02/2013
Decision Date:	08/04/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/23/2015

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 [REDACTED] employee who has filed a claim for chronic neck, upper back, and shoulder pain reportedly associated with an industrial injury of July 2, 2013. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for Celebrex. The claims administrator referenced a May 18, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 20, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant received physical therapy and acupuncture some six months prior, it was reported. The applicant had been treated non-operatively, it was acknowledged. The applicant's blood pressure was elevated at 154/105. Celebrex was endorsed on the grounds that the applicant had had unspecified problems with ibuprofen. Norco was also endorsed. Manipulative therapy and work restrictions were likewise endorsed. It was suggested (but not clearly stated) that the applicant was not working with said limitations in place. On an RFA form dated May 24, 2015, Norco and Celebrex were both dispensed. On May 13, 2015, the attending provider appealed previous denials of both Norco and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg Qty 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Celebrex, an anti-inflammatory medication, 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 are indicated in applicants who are at heightened risk of developing 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, Celebrex was apparently introduced on April 20, 2015. The attending provider went on to renew Celebrex via an RFA form dated May 21, 2015. The May 21, 2015 RFA form was not, however, seemingly accompanied by supporting progress notes demonstrating ongoing medication efficacy. There is no evidence that ongoing usage of Celebrex had diminished the applicant's work restrictions, ameliorated the applicant's ability to perform activities of daily living, and/or diminish the applicant's consumption of Norco. The May 21, 2015 RFA form on which Celebrex was renewed did not, in short, establish evidence of functional improvement as defined in MTUS 9792.20e achieved as a result of ongoing Celebrex usage. Therefore, the request was not medically necessary.