

Case Number:	CM15-0123900		
Date Assigned:	07/08/2015	Date of Injury:	06/17/2009
Decision Date:	08/05/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61 year old male, who sustained an industrial injury on 6/17/2009. The mechanism of injury is unknown. The injured worker was diagnosed as having cubital tunnel syndrome status post-ulnar nerve transposition, right ulnar neuritis, right wrist pain and myofascial pain. There is no record of a recent diagnostic study. Treatment to date has included surgery, home exercises, physical therapy and medication management. In a progress note dated 5/15/2015, the injured worker complains of right elbow and wrist pain rated 8/10. Physical examination showed right medial and lateral epicondyle tenderness. The treating physician is requesting Celebrex 200 mg #60 with a 3-month refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 with 3 month refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 27-30.

Decision rationale: According to MTUS guidelines, Celebrex is indicated in case of back, neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation that Celebrex was used for the shortest period and the lowest dose. The patient has been using Celebrex for long-term without significant improvement. Therefore, the prescription of Celebrex 200mg #60 with 3 months refill is not medically necessary.