

Case Number:	CM15-0178474		
Date Assigned:	09/25/2015	Date of Injury:	03/27/2014
Decision Date:	11/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/10/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 51 a year old female who sustained an industrial injury on 03/27/2014. The injured worker was diagnosed with left rotator cuff tear and impingement syndrome, left meniscus tear and lumbar degenerative disc disease with radiculopathy. The injured worker is status post left shoulder arthroscopy, rotator cuff repair and subacromial decompression on 07-21-15 and left knee arthroscopy with partial medial meniscectomy in 12-12-2014. Several documents relevant to the review within the submitted medical records are difficult to decipher. According to the treating physician's progress report on 08-03-2015, the injured worker is 2 weeks post shoulder repair with decreased range of motion, no fever and sutures were removed. On 07-24-2015 the progress report noted documented the injured worker was doing well with pain level at 5 out of 10 on the pain scale. Prior treatments of the left shoulder included diagnostic testing, surgery, injections, acupuncture therapy, physical therapy and medications. Current medication was listed as Norco 5mg-325mg. Treatment plan consists of post-operative physical therapy, Antivert for vertigo and on 08-03-2015 the provider requested authorization for Celebrex 200mg #30 (DOS 8/3/15 DS 30) post-operatively. On 08-10-2015 the Utilization Review determined the request for Celebrex 200mg #30 (DOS 8/3/15 DS 30) post-operatively was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 (DOS 8/3/15 DS 30), post left shoulder arthroscopy, RCR & SAD
7/21/15: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009,
Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the MTUS, Celebrex is approved for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. COX-2 inhibitors (e.g., Celebrex) may be considered if the injured worker has a risk of GI complications, but not for the majority of injured workers. According to the documents available for review, the injured worker has none of the aforementioned MTUS approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.