

<b>Case Number:</b>	CM15-0065233		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 44-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 1, 2012. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve a request for a Celebrex ointment. A March 9, 2015 RFA form and associated progress note were referenced in the determination. The applicant's attorney subsequently appealed. On March 9, 2015, the applicant reported ongoing complaints of neck and shoulder pain. Both oral Celebrex and a Celebrex containing ointment were endorsed. 6/10 neck and shoulder pain were reported. The applicant's work status was not clearly detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** No, the request for topical Celebrex ointment was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines: "There is little evidence to utilize topical NSAIDs" such as the Celebrex ointment at issue for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generators were, in fact, the cervical spine and shoulder, i.e., body parts for which there was little evidence to support usage of topical Celebrex. It was further noted that the applicant's ongoing usage of first-line oral pharmaceuticals, including oral Celebrex, effectively obviated the need for the topical agent in question. Therefore, the request was not medically necessary.