

Case Number:	CM15-0066982		
Date Assigned:	04/14/2015	Date of Injury:	09/17/1998
Decision Date:	05/18/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/08/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 a 62 year old male, who sustained an industrial injury on September 17, 1998. He has reported neck pain, back pain, knee pain, leg pain, shoulder pain, and headache. Diagnoses have included cervicgia, lumbago, knee pain, myofascial pain, and chronic pain. Treatment to date has included medications and bracing. A progress note dated February 10, 2015 indicates a chief complaint of neck pain and back pain. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Inflammatory Medications; Non Steroidal Anti Inflammatory Drugs Page(s): 22; 67; 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from

therapy including the NSAID or previous failure of acetaminophen trial. There is no indication of NSAID intolerance or GERD to support use of COX-2 specific therapy. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type when there is failure of first line therapy with acetaminophen. As such, the medical records provided for review do not support the use of Celebrex for the insured, as there is no indication of objective benefit in function. Therefore, the requested medical treatment is not medically necessary.