

Case Number:	CM15-0073284		
Date Assigned:	04/23/2015	Date of Injury:	06/16/2004
Decision Date:	05/20/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/17/2015

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 62 year old male, who sustained an industrial injury on June 16, 2004. He has reported neck pain, shoulder pain, and arm pain. Diagnoses have included chronic intractable pain, right carpal tunnel syndrome, moderate ulnar neuropathy of the right wrist, cervical spine stenosis, cervical spine radiculopathy, right shoulder impingement, right shoulder labral tear, depression, and anxiety. Treatment to date has included medications, shoulder surgery, carpal tunnel release, imaging studies, and diagnostic testing. A progress note dated March 30, 2015 indicates a chief complaint of neck pain radiating to the bilateral arms, and right shoulder 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 #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drug Page(s): 22, 68.

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 of contra indication of other NSAIDs. There is no documentation that Celebrex was used for the shortest period and the lowest dose as a matter of fact, the patient has been using Celebrex for long term without significant improvement. The patient continued to report chronic pain. Therefore, the prescription of Celebrex 200mg #60 with 1 refill is not medically necessary.