

Case Number:	CM15-0074409		
Date Assigned:	04/24/2015	Date of Injury:	10/15/2013
Decision Date:	05/27/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female, who sustained an industrial injury on 10/15/2013. She has reported subsequent shoulder and wrist pain and was diagnosed with shoulder and wrist tendinitis/bursitis and De Quervain's tenosynovitis. Treatment to date has included oral pain medication, application of heat and ice and acupuncture. In a progress note dated 03/09/2015, the injured worker complained of bilateral shoulder and wrist pain. Objective findings were notable for decreased range of motion of the bilateral shoulders and wrists with positive Hawkin's, Finkelstein's and impingement signs and positive Phalen's tests. A request for authorization of Celebrex was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #60 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with bilateral shoulder and wrist pain. The request is for CELEBREX 100MG #60 WITH 5 REFILLS. The provided RFA is dated 03/13/15 and the date of injury is 10/15/13. The diagnoses include shoulder and wrist tendinitis/bursitis and De Quervain's tenosynovitis. Per 03/13/15 report, physical examination revealed decreased range of motion of the bilateral shoulders with positive Hawkin's signs. There is also decreased range of motion of the bilateral wrists with positive Finkelstein's test with positive impingement signs. There is tenderness over the AC joints with weakness and a positive Phalen's test, as well. Treatment to date has included oral pain medication, application of heat and ice and acupuncture. Current medication is Celebrex. The patient is working modified duty. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS guidelines page 22 for Celebrex, state, "COX-2 inhibitors -e.g., Celebrex- may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." Celebrex was prescribed to the patient at least since 03/09/15, per provided medical reports. Per 03/13/15 report, treater states, "The patient has attempted non-selective NSAID therapy and has experienced gastritic pain which caused discontinuation. The patient requires anti-inflammatory therapy." The patient has a diagnosis of shoulder tendinitis/bursitis and wrist tendinitis/bursitis for which Celebrex is indicated. MTUS Guidelines support the use of anti-inflammatory medication as a first-line treatment. Given that the patient has failed other NSAIDs, trial of Celebrex would appear reasonable. Therefore, the request IS medically necessary.