MAXIMUS Federal Services

Case Number:	CM15-0090113		
Date Assigned:	05/14/2015	Date of Injury:	05/17/2014
Decision Date:	06/16/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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, 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 53 year old female, who sustained an industrial injury on 5/17/14. She has reported initial complaints of neck, bilateral shoulders and low back injury after a slip and fall injury at work. The diagnoses have included cervical spine disc protrusion, lumbar spine disc protrusion with left sided sciatica, right shoulder rotator cuff injury with impingement, and left shoulder strain/sprain. Treatment to date has included medications, activity modifications, injections, physical therapy, psychiatric, and Functional Capacity Evaluation (FCE). Currently, as per the physician progress note dated 4/15/15, the injured worker is being seen for evaluation of painful condition of the neck, bilateral shoulders and low back. Physical exam of the cervical spine reveals spasm, pain with motion that radiates to the left upper extremity and point tenderness with palpation of the posterior neck. There is decreased range of motion noted in the cervical spine. The exam of the lumbar spine reveals spasm over the lumbar area, pain with motion; point tenderness with palpation about the lower lumbar region, Lasegue's test is positive on the left and decreased range of motion with extension and lateral bend to the right and left. The exam of the right shoulder reveals a mass on the posterior aspect which may be traumatically induced, positive Neer sign and Hawkin's signs on the right and the range of motion is decreased. There is decreased sensation in the left hand, consistent with radiculopathy and the left foot. The current medications included Percocet, Flexeril and Celebrex. The urine drug screen dated 11/21/14 was inconsistent with medications prescribed. The physician requested treatment included Celebrex 200mg #60 for inflammation and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22 and 30 of 127.

Decision rationale: Regarding the request for celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is no identification of a high risk of GI complications. There is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested celecoxib (Celebrex) is not medically necessary.