

Case Number:	CM15-0091337		
Date Assigned:	05/15/2015	Date of Injury:	10/25/2013
Decision Date:	09/29/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/12/2015

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:

This 52 year old female sustained an industrial injury to the neck and right elbow on 10-25-13. Documentation did not disclose previous treatment or recent magnetic resonance imaging. In the only documentation submitted for review, a progress note dated 2-25-15, the injured worker complained of ongoing neck pain with radiation to the left shoulder and upper back. Physical exam was remarkable for cervical spine with tenderness to palpation to the paraspinal musculature, spasms about the left side of the neck, decreased and painful range of motion and right elbow with mild effusion but no tenderness to palpation and full range of motion. Current diagnoses included cervical spine disc bulge at C5-6 and C6-7, cervical spine left radiculopathy and right elbow ruptured tendon status post extensor tendon repair. The treatment plan included continuing home exercise, requesting authorization for pain management referral for cervical spine epidural steroid injection and medications (Celebrex and Ultram).

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60, 1 tablet by mouth bid with food, refill: 3, for the management of neck symptoms, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-steroidal anti-inflammatory drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: The patient was injured on 10/25/13 and presents with neck pain and right elbow pain. The request is for Celebrex 200mg #60, 1 tablet by mouth bid with food, refill: 3, for the management of neck symptoms, as outpatient. There is no RFA provided and as of 02/25/15, the patient is working full duty. MTUS Guidelines, Anti-inflammatory Medications, page 22 states that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, the long-term use may not be warranted. In addition, MTUS pages 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. MTUS guidelines page 22 continues to state for Celebrex the following, "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 10-1 difference in cost". The patient has tenderness to palpation to the paraspinal musculature, spasms about the left side of the neck, a decreased/painful range of motion, and right elbow with mild effusion. She is diagnosed with cervical spine disc bulge at C5-6 and C6-7, cervical spine left radiculopathy, and right elbow ruptured tendon status post extensor tendon repair. MTUS page 60 states that pain assessment and functional changes must be noted when medications are used for chronic pain. In this case, the treater provides no discussion regarding how Celebrex has specifically impacted the patient's pain and function. Therefore, the requested Celebrex is not medically necessary.