

Case Number:	CM15-0096320		
Date Assigned:	05/26/2015	Date of Injury:	02/26/2010
Decision Date:	06/24/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/19/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 sustained an industrial injury sustained an industrial injury on February 26, 2010. She has reported right upper limb pain and has been diagnosed with right upper limb pain, right carpal tunnel syndrome, right ulnar neuropathy at the elbow, right rotator cuff tendinopathy, chronic, right subacromial bursitis, right bicipital tendinopathy, and right adhesive capsulitis of the shoulder secondary to pain and decreased function. Treatment has included injections, medications, and physical therapy. Examination showed shoulder range of motion was limited to abduction at 160 degrees, forward flexion at 120 degrees, internal rotation was at 35 degrees, external rotation at 35 degrees. Shoulder abduction, elbow extension, elbow flexion, wrist extension, wrist flexion, and hand intrinsics 5/5. Right supraspinatus testing reveals weakness 4/5 left side is 5/5. There was pain with palpation of the right subdeltoid bursa. There was pain with palpation of the right bicipital tendon. The treatment request included Celebrex 100 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67.

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. The claimant had been on Tramadol along with Celebrex. Pain level reduction to the Celebrex cannot be determined and combined use of NSAIDs and opioids was not justified. Celebrex is not intended for long-term myofascial pain. Celebrex is not medically necessary.