

Case Number:	CM13-0002148		
Date Assigned:	12/13/2013	Date of Injury:	10/16/2000
Decision Date:	06/23/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/19/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii and California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old male with a date of injury of 10/16/2000. Review of medical documents indicate that the patient is undergoing treatment for chronic neck, low back pain, s/p cervical fusion, s/p lumbar fusion, headaches, depression, shoulder pain, and chronic pain. Subjective complaints include low back pain with radiation to bilateral lower extremities and neck pain with radiation to bilateral upper extremities. Objective findings include decreased lumbar and cervical range of motion and vertebral tenderness to palpation. Treatment has included cervical fusion, lumbar fusion, right shoulder surgery, aquatic therapy, Celebrex, Cializ, Neurontin, Omeprazole, and Ultram. A utilization review dated 7/9/2013 noncertified the request for 1 prescription of Celebrex 200mg #60 and 4 weeks of Aquatic Therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CELEBREX 200MG #60 BETWEEN 6/17/2013 AND 9/6/2013:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs Page(s).

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Anti-inflammatory medications are the traditional first line treatment for pain, but COX-2 inhibitors (Celebrex) should be considered if the patient has risk of GI complications, according to MTUS. The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications. Risk factors for GI bleeding according to ODG include: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID (e.g., NSAID + low-dose ASA). Additionally, the medical records do not indicate that he is undergoing treatment for any of the FDA approved uses such as osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis in patients 2 years and older, ankylosing spondylitis, acute pain, and primary dysmenorrhea. As such, the request for 1 prescription of Celebrex 200mg #60 is not medically necessary.

4 WEEKS OF AQUATIC THERAPY SESSIONS BETWEEN 6/17/2013 AND 9/6/2013:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 88-. Decision based on Non-MTUS Citation Guidelines (ODG) Low Back, Aquatic Therapy, Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Aquatic Therap

Decision rationale: Chronic Pain Medical Treatment Guidelines state that "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP". The medical documents provided do not indicate any concerns that patient was extremely obese. Additionally, the medical records do not indicate that objective findings of functional improvement from the initial trial of aquatic therapy, which is needed to extend and continue additional therapy. As such, the current request 4 weeks of Aquatic Therapy Sessions is not medically necessary.