

Case Number:	CM13-0025607		
Date Assigned:	11/20/2013	Date of Injury:	08/10/2007
Decision Date:	02/04/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in 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 physician 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 43 YO male with date of injury of 08/10/2007. The UR determination being challenged is dated 09/06/2013 and recommends denial for prescription Celebrex 200mg stating NSAID may impair patient's healing of any existing ulcers due to positive H.Pylori. Patient has diagnoses of left lower lumbar radiculopathy, failed back surgery syndrome, and chronic pain syndrome. According to report dated 08/16/2013 by [REDACTED] patient presents with increased back pain described as stabbing, numbness and weakness. Examination shows SLR positive on left at 35 degrees and right side at 50 degrees. Patient showed tenderness on lower lumbar area, lower lumbar facet joint and SI joint. It was noted that extension of lumbar spine at 15 degrees produced pain on lower lumbar spine. QME report dated 08/01/2013 by [REDACTED] states patient developed gastrointestinal problems with medication usage from his on the job injury. Symptoms included heartburn, reflux and nausea. Patient starting taking Prilosec 2 years ago, and notes "symptoms are better but not gone".

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #60 with one (1) refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Treating physician is requesting prescription Celebrex 200mg #60. Patient has diagnoses of left lower lumbar radiculopathy, failed back surgery syndrome, and chronic pain syndrome. Medical records show patient has history gastrointestinal symptoms. MTUS states NSAIDs are recommended with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determining if the patient is at risk for gastrointestinal events: (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/multiple NSAID (e.g., NSAID + low-dose ASA). MTUS pg 22 also states COX-2 inhibitors (Celebrex) may be considered if the patient has a risk of GI complications. Given patient's history of gastrointestinal symptoms, recommendation is for approval.