

Case Number:	CM13-0036074		
Date Assigned:	12/13/2013	Date of Injury:	02/14/2012
Decision Date:	02/14/2014	UR Denial Date:	09/28/2013
Priority:	Standard	Application Received:	10/18/2013

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 Family Practice 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 40 year old female who reported a work related injury on 02/14/2012, specific mechanism of injury not stated. The patient presents with the current medication regimen, Prilosec, Pristiq, Vicodin, Celebrex, and Colace. Clinical notes document the patient presents for treatment of the following diagnoses, spinal stenosis of the lumbar spine, spinal lumbar degenerative disc disease, low back pain and lumbar facet syndrome. The clinical note dated 09/18/2013 reports the patient was seen under the care of [REDACTED]. The provider documents electrodiagnostic studies of the patient's bilateral lower extremities revealed no evidence of lumbosacral radiculopathy or plexopathy. On this date, the patient underwent a medial branch block. Prior to the injection, the patient reported her rate of pain at 8/10 to 9/10.

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with utilization of the requested medication, Celebrex. Clinical notes did not indicate the patient reported an increase in objective functionality or decrease in rate of pain as the result of utilizing Celebrex. California MTUS Guidelines indicate Celebrex is an NSAID and is the traditional first line of treatment to reduce pain so activity and functional restoration can resume. However, long-term use may not be warranted. Given the lack of documentation evidencing duration and efficacy of use, the request for Celebrex 200 mg #60 is not medically necessary or appropriate.