

Case Number:	CM13-0040625		
Date Assigned:	12/20/2013	Date of Injury:	05/24/2010
Decision Date:	03/26/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/10/2013

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 and is licensed to practice in Illinois. 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 49-year-old male who reported an injury on 05/24/2010 due to a fall that reportedly caused injury to the patient's low back. The patient ultimately underwent L5-S1 interbody fusion, which was followed by a course of postsurgical management. The patient developed postsurgical chronic pain that was managed with medications. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical documentation notes that the patient has a reduction in pain from a 9/10 to a 7/10 with medication usage. The patient's medication schedule included Lyrica, Celebrex, and Norco. There was no documentation of side effects or evidence of aberrant behavior. Physical findings included tenderness and spasming to the lumbar region, with a positive straight leg raising test, and decreased sensation in the lateral leg with restricted lumbar range of motion. The patient's diagnoses included gastropathy secondary to medication usage, failed back syndrome, radiculopathy, and insomnia. The patient's treatment plan included continuation of medications and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60,67.

Decision rationale: The clinical documentation submitted for review indicates that the patient has a reduction in pain from 9/10 to 7/10. The Chronic Pain Guidelines recommend the use of anti-inflammatory drugs in the management of a patient's chronic pain. However, the guidelines also recommend documentation of significant functional benefit and significant pain relief as a result of medication usage. The clinical documentation submitted for review does not provide any evidence of functional benefit. Additionally, the reduction in pain from a 9/10 to a 7/10 would not be considered significant to support continued use. As such, the request Celebrex 20 mg is not medically necessary or appropriate.