MAXIMUS Federal Services

Case Number:	CM13-0040816		
Date Assigned:	12/20/2013	Date of Injury:	11/16/1999
Decision Date:	02/18/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pain Management and has a subspecialty in Disability Evaluation 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 claimant is a 48 year old female with a date of injury of 11/16/1999. The provider has submitted prospective requests for 180 Percocet I0/325mg and 30 Celebrex 200mg with 1 refill. Review of the submitted records indicated the patient was being treated for chronic neck and low back pain. The patient was evaluated on 9/5/2013 by [redacted] with relevant subjective findings of chronic low back and neck pain described as being burning and aching in quality. The patient stated she was doing well with the control of her overall pain with the combination of her pain medications and use of her Spinal Cord Stimulator (SCS). When using Percocet and Celebrex, the patient rates her pain level a 2/10 in intensity. With medication use, the patient stated she was able to perform her normal activities of daily living including laundry, marketing, cooking, light traveling and gardening, wood carving and using the barbeque. The combination of her medications and the SCS help her to remain functional. The patient also stated that she had been able to discontinue Kadian and decrease her use of Percocet from 6 tablets/day to 3 tablets/day. It was noted that the patient also utilized Flexeril for spasms on an as-needed basis and Celebrex for her overall inflammation. With the use of Percocet, Celebrex and the SCS, the patient pain level goes as low as 1/10. However, without medication, the patient's pain Ievel reaches 9 or 10 and her function is significantly impaired to the point of being essentially couch or bed bound. There was no evidence of substance abuse, diversion, hoarding, impairment, or development of adverse effects regarding the patient's use of opioid analgesics. The provider opined that, due to the good balance of functionality and pain relief (at least 50% reduced pain) achieved by the patient on her current treatment regimen (Percocet plus Celebrex, augmented by the SCS), there was no medical indication to attempt further weaning off of her medications. Relevant objective findings primarily in the lumbar spine included: tenderness to palpation over the intervertebral spaces (discs), palpable twitch positive trigger points in the lumbar paraspinous muscles, diffuse

illicit twitch in the paralumbar and quadradus lumborurn muscles extending to the buttocks, anterior flexion of the lumbar spine was to 60 degrees, anterior lumbar flexion caused pain, extension was to 15 degrees with pain, lateral lumbar flexion bilaterally was to 20 degrees, decreased sensation to the right upper extremity along C-6, decreased sensation along L4-5, and atrophy in left calf versus right. The clinical impression was failed back syndrome with radiculopathy (causing secondary myofascial pain) and controlled cervical radiculopathy. The treatment plan included: continuation of current treatment regimen (including Percocet I0/325mg one tablet three times/day, Celebrex 200mg once/day, and use of the SCS) and follow up in 2 months. The later was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 1 refill: 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 NSAIDs Page(s): 22.

Decision rationale: CA-MTUS (Effective July 18, 20090 page 22, section on anti-inflammatory agents such as Celebrex (celecoxib) is a selective COX-2 inhibitor/NSAID cited by the guidelines for use in chronic basis and Celebrex for her overall inflammation pain. As with other NSAIDs, Celebrex is recommended for the relief of the signs and symptoms of osteoarthritis as well as for the treatment of chronic low back pain. However, long-term use may not be warranted as all NSAIDs have the potential to increase the risk of cardiovascular, gastrointestinal, and renal adverse events. In addition, the use of NSAIDs has been shown to possibly delay and hamper healing in all soft tissues, including muscles, ligaments, tendons, and cartilage. For these reasons, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time that is consistent with the individual patient treatment goals. Based on a review of the available medical records, it appears this patient was certified for a 1 year supply of Celebrex 200mg on March 29, 2013 in review #363587. The period of coverage for Celebrex is from 3/21/2013 through 3/29/2014. This coverage is for symptom relief for I year. Further prescriptions of this medication are not currently indicated. Therefore the request for 30 Celebrex 200mg with 1 refill is not medically necessary.