

Case Number:	CM13-0054594		
Date Assigned:	02/21/2014	Date of Injury:	10/21/2002
Decision Date:	05/02/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/19/2013

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 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 58-year-old male with a 10/21/02 date of injury. Subjective complaints include low back pain, and objective findings include her being well nourished, well hydrated, and no acute distress. The patient's current diagnoses include lumbar radiculopathy, lumbar discogenic spine pain, lumbar facet arthropathy, and lumbar region sprain/strain. Treatment to date has been medications, including Celebrex since at least 12/11/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 CELEBREX 200MG WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. The MTUS states that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or

medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar discogenic spine pain, lumbar facet arthropathy, and lumbar region sprain/strain. In addition, there is documentation of ongoing treatment with Celebrex since at least 12/11/12. However, there is no documentation of high-risk of GI complications with NSAIDs. In addition, there is no documentation of functional benefit or improvement. Therefore, based on guidelines and a review of the evidence, the request for Celebrex is not medically necessary.