

Case Number:	CM13-0057346		
Date Assigned:	12/30/2013	Date of Injury:	02/02/2010
Decision Date:	04/03/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/25/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 55-year-old male who reported an injury on 02/02/2010. The mechanism of injury was not provided for review. The patient's injury resulted in a right ankle fracture that was initially treated with immobilization. Follow-up treatment included physical therapy, medications, and psychological support. The patient's most recent clinical documentation indicated that the patient had 9/10 pain without medications that was reduced to an 8/10 with medications. It was noted that the patient had received a sample of Celebrex in 07/2013 and subjectively reported pain relief as a result of the medication. Physical findings included right ankle swelling, reduced range of motion in all planes and reduced sensation to the right outer lateral leg. The patient's diagnoses included pain and joint, closed fracture of the medial malleolus, closed fracture of the lateral malleolus, and aftercare for healing of a traumatic fracture of other bone. The patient's treatment plan included continued use of Celebrex and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) Celebrex 200mg with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Physician Reviewer's decision rationale: The requested 30 Celebrex 200 mg with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends that medications used in the management of chronic pain be supported by documentation of functional benefit and pain relief. The clinical documentation submitted for review does provide evidence that the patient initiated use of this medication in 07/2013. However, the clinical documentation fails to provide any evidence of functional benefit as a result of the trial of usage. Additionally, it is noted within the documentation that the patient has 9/10 pain that is only reduced to an 8/10 pain with medication usage. Significant benefit is not clearly supported by the objective documentation. As such, continued use of this medication would not be supported. Therefore, 30 Celebrex 200 mg with 3 refills is not medically necessary or appropriate.