

Case Number:	CM13-0065345		
Date Assigned:	05/09/2014	Date of Injury:	04/05/2010
Decision Date:	07/09/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 Anesthesiology, has a subspecialty in Pain 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 40-year-old female, who has submitted a claim for spinal stenosis associated with an industrial injury date of April 5, 2010. Medical records from 2013 were reviewed, which showed that the patient complained of low back pain radiating into both sacroiliac joints, into the left buttock and down the left lower extremity and the left ankle. Patient also complained of pain on the right hand. On physical examination, tenderness was noted on the palmar surface of the right wrist, with positive Tinel and Phalen's sign. Sensation to light touch is attenuated in the thumb, index finger, and middle finger, with static 2 point discrimination exceeding 10mm. Examination of the back, showed tenderness in the midline, from L3 to S1, and over the left S1 joint, and sciatic notch. EMG NCV done on September 17, 2013, revealed moderate to severe, right carpal tunnel syndrome; and L5 lumbar radiculopathy. MRI of the lumbar spine, done on June 14, 2010 showed minimal scoliotic curvature. MRI of the right hand, done on July 26, 2010 showed tearing of the volar plate of the 2nd MCP joint. Treatment to date has included Physical Therapy, Celebrex, Prilosec, Lidoderm Patch, Lumbar Brace, Dexamethasone Injections, Naprosyn, Ultram and Neurontin. Utilization review from December 3, 2013, denied the request for Pharmacy Purchase For Celebrex 200 Mg Number Thirty (30) because Celebrex may be considered, if the patient has a risk of GI complications. In this case, there was no documentation of any GI risk factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE FOR CELEBREX 200 MG NUMBER THIRTY (30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Celebrex.

Decision rationale: As stated on page 22, of the CA MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In addition, the Official Disability Guidelines (ODG) states that, NSAIDs are recommended for acute pain, acute LBP, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. In this case, patient has been on NSAIDS (Naprosyn) since March 20, 2013. However, patient was shifted to Celebrex on July 8, 2013. For this case, the patient was on NSAIDS for a total of 9 months, which is beyond what the guideline recommends. Likewise, records reviewed showed there were no functional improvements, or symptom relief noted on the patient. The prescription did not also specify the frequency of use. Therefore, the request for Pharmacy Purchase For Celebrex 200 Mg Number Thirty (30) is not medically necessary.