

Case Number:	CM13-0067388		
Date Assigned:	01/03/2014	Date of Injury:	10/19/2009
Decision Date:	04/21/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/17/2013

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 Internal Medicine and Pulmonary Diseases, 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 50-year-old who reported an injury on October 19, 2009. The mechanism of injury was noted to be that the patient was trying to lift a full four yard bin. The patient's medication history included Celebrex as of 2012. The documentation of November 26, 2013 revealed that the patient's Celebrex was not working as well as it used to. The patient indicated that Celebrex helped the pain, but the patient was worried about his high blood pressure, so he had stopped using it. The patient's diagnoses were noted to include arthritis of the back and low back pain. The new orders were for Lidoderm and Celebrex per the DWC Form RFA.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200 MG CAPSULES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicates that Celebrex is an NSAID (non-steroidal anti-inflammatory drug) and is the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be

warranted. The clinical documentation submitted for review failed to indicate that the patient had objective functional benefit as the patient stated that the medication was not as beneficial as it previous was. There was a lack of documentation of objective functional benefit and an objective decrease in the VAS (visual analog scale) score. The request as submitted failed to indicate the quantity of the medication being requested. The request for Celebrex 200 mg capsules is not medically necessary or appropriate.