

Case Number:	CM13-0069370		
Date Assigned:	01/03/2014	Date of Injury:	08/25/2010
Decision Date:	06/24/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Pain Management, has a subspecialty in Interventional Spine, 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 61 year-old male with an 8/25/2010 date of injury. He has been diagnosed with lumbar radiculopathy; post-laminectomy pain syndrome; lumbar spondylosis without myelopathy. According to the 12/3/13 pain management report from [REDACTED], the patient presents with low back pain that radiates to the lower extremities. The pain is 9/10 without medications, but 6/10 with medications. He takes Percocet 10/325mg tid; amitriptyline 100mg qhs; and Celebrex 200mg bid; He takes omeprazole 20mg when he has heartburn. The patient estimates 50% reduction in pain with medications, and he is able to make his bed, walk further, water the garden, cook, wash his car, and his clothes. The plan was to continue the medications, but on 12/13/13, UR recommended non-certification for the Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF CELEBREX 200MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Anti-inflammatory medications, and NSAIDs, Speci.

Decision rationale: According to the 12/3/13 pain management report from [REDACTED], the patient presents with low back pain that radiates to the lower extremities. The pain is 9/10 without medications, but 6/10 with medications. He takes Percocet 10/325mg tid; amitriptyline 100mg qhs; and Celebrex 200mg bid; He takes omeprazole 20mg when he has heartburn. The patient estimates 50% reduction in pain with medications, and he is able to make his bed, walk further, water the garden, cook, wash his car, and his clothes. I have been asked to review for Celebrex. MTUS for antiinflammatory medications states: "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. " The patient has been using Celebrex since at least 6/4/13 and is reported to be using the 200mg tablets twice a day. MTUS states the recommended dose for COX-2 NSAIDs is 200mg per day in a single dose or the 100mg twice a day. The request for Celebrex appears to be for long-term use, and it exceeds the dosage recommended by MTUS. The request is not in accordance with MTUS guidelines. Request is not medically necessary.