MAXIMUS Federal Services

Case Number:	CM14-0009137		
Date Assigned:	02/12/2014	Date of Injury:	03/30/2010
Decision Date:	07/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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 Rehabilitation, has a subspecialty in Pain Management 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 65 year-old male with a date of injury of 3/30/2010. He was lifting a cafeteria table to put it on a truck when the table opened unexpectedly, and knocked the patient backward, he fell on landing hard on his buttocks. At the time of the 1/13/14 determination, two items were reviewed. Celebrex 200mg #60 with 5 refills, per 1/2/14 form Quantity (QTY) 360, and Celebrex 200mg with no refills QTY 60. A modified certification was rendered, certifying Celebrex 200mg with no refills QTY 60. Reasons for the modified determination included that it was not clear if the patient has taken Celebrex in the past with functional benefit, and evidence that the patient was being monitored intermittently for NSAID toxicity. 1/20/14 medical report identifies bilateral low back pain, which is improving with treatment. Average pain 4-5/10. There was weakness and interference with sleep. Bilateral shoulder pain with radiation down the bilateral upper extremities and neck, with numbness in the bilateral upper extremities. The medications were reviewed and refilled in a stable fashion. The medications continue to be medically necessary to relieve the effects of the industrial injury. The patient reports that he has been taking Celebrex with a 50% decrease in pain and no adverse effects noted. 8/6/13 follow-up by [redacted] identifies that the patient's cardiologist asked him not to take Celebrex for a while. Tylenol was recommended instead. 9/30/13 visit note by [redacted] indicates that the patient continued to take Celebrex. Further reports also include Celebrex as current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG #60 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - Anti-inflammatories Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that 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 chronic Celebrex treatment with appropriate analgesia. However, in August of 2013 the patient was recommended by his cardiologist to stop taking Celebrex for a while, and it appears that the patient has not followed this recommendation, as medical reports continue to include Celebrex treatment. ODG states that Celecoxib, especially at doses >400 mg/day, should be avoided in patients at high risk of cardiovascular disease. It is also noted that the patient is being seen approximately every month, and there is no clear rationale for the necessity of prescription of 5 refills. Therefore, the request for Celebrex 200mg #60 with 5 Refills is not medically necessary.