

Case Number:	CM14-0009873		
Date Assigned:	02/21/2014	Date of Injury:	05/22/2001
Decision Date:	07/07/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 record notes a 45-year-old male who sustained an injury to the low back on May 22nd, 2001. The mechanism of injury reported was lifting. Treatment to date has included pharmacotherapy, a left L4-5 facet injection in March 2008, facet blocks in March 2009, and ER visits for acute pain. The diagnoses noted are lumbar radiculopathy and facet arthropathy. An MRI from February 2010 demonstrates a congenital transitional change at L5 and S1, L4-5 desiccation changes of the disc, an annular tear, and a 4 mm left paracentral disc protrusion impinging upon the anterior aspect of the thecal sac. The claimant is status post L4-5 discectomy on August 26, 2012. Physical therapy was provided in the postoperative period. Diagnostic and therapeutic L4-5 transforaminal epidural steroid injections were authorized in May 2013. The record also indicates that the claimant is utilizing a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 100 MG PER DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68 OF 127.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support the use of Celebrex in select clinical settings of acute pain and in conditions for which NSAIDs are recommended when the claimant has a risk of G.I. complications. The medical record provides clinical data to support a diagnosis of chronic pain. There is no documentation in the record of gastritis, or any other risk factor. In the absence of documentation of risk factors to identify the claimant to be at high risk, the use of this medication in the setting of chronic pain would not be supported by the guidelines. As such, the request is not medically necessary.