

Case Number:	CM14-0104161		
Date Assigned:	07/30/2014	Date of Injury:	09/11/2009
Decision Date:	09/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/07/2014

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 Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 36 year-old female with a history of a work injury occurring on 09/11/09 when, while working as a nurse, she slipped on an operating room floor falling on her low back with the immediate onset of low back and right lower extremity pain. On 04/06/10 she underwent a right L4-5 hemilaminotomy and microdiscectomy with nerve root exploration. She was discharged the next day. She had improvement in symptoms but only lasting for about one month and then developed a return of right lower extremity symptoms. Following surgery treatments included physical therapy and acupuncture. She found acupuncture particularly helpful. She continues to be treated for chronic low back pain with right lower extremity symptoms including pain, numbness, and tingling. On 02/23/11 she underwent upper endoscopy with biopsy for the evaluation of chronic abdominal pain. Findings included a hiatal hernia and gastritis. She was seen by the requesting provider on 01/21/14. Pain was rated at 8-10/10. She was having back pain without symptoms radiating into the lower extremity. Medications were Norco 10/325 #90, Lyrica, AcipHex, Phenergan, Imitrex, Soma, Lidoderm, Effexor, and Elavil. Physical examination findings included lumbar spine and facet joint tenderness. She had decreased and painful lumbar spine range of motion. On 06/04/14 she had ongoing back pain radiating into the right leg. Symptoms were increased with activities. Physical examination findings included lumbar facet joint tenderness with decreased range of motion and a positive right straight leg raise. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg for the Lumbar Spine - Unspecified quantity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1) NSAIDs, GI symptoms & cardiovascular risk, 68 (2) NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The claimant is more than 4 years status post work-related injury with lumbar decompression surgery in April 2010 without improvement. She continues to be low back pain and lower extremity radicular symptoms. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain including chronic low back pain and radicular pain syndromes. The claimant is being treated for both of these diagnoses. She has a history of chronic abdominal pain with gastritis by endoscopy and long-term non-steroidal anti-inflammatory medication treatment is planned. She is currently taking Celebrex at the maximum recommended dose. She would be considered at intermediate risk for a GI event. For a patient at intermediate risk, guidelines recommend either a non-selective non-steroidal anti-inflammatory medication with either a proton pump inhibitor or misoprostol or a cox-2 selective agent such as Celebrex which is therefore medically necessary.