

Case Number:	CM14-0104252		
Date Assigned:	07/30/2014	Date of Injury:	01/25/1996
Decision Date:	09/26/2014	UR Denial Date:	06/06/2014
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 Internal Medicine 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 injured worker is a 62 year old male who reported an injury to his cervical region. The clinical note dated 03/03/14 indicates the injured worker complaining of 7-9/10 pain at the cervical region. The injured worker stated that all movements as well as lifting overhead exacerbated the injured worker's pain level. Numbness was identified at the right wrist. Occipital headaches were further revealed. The note indicates the injured worker utilizing Norco, Oxycontin, Ambien, and Celebrex for pain relief. The note indicates the injured worker was able to demonstrate 31 degrees of cervical flexion with 12 degrees of extension both with pain. The injured worker was further able to demonstrate 34 degrees of left rotation, 20 degrees of right rotation, 8 degrees of left lateral bending, and 10 degrees of right lateral bending. Decreased sensation was identified at the right C6 and C7 distributions. The urine drug screen completed on 05/14/14 resulted in findings consistent with the injured worker's prescribed drug regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #14, 2 daily: 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 NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for this medication cannot be established as medically necessary.