MAXIMUS Federal Services

Case Number:	CM14-0108930		
Date Assigned:	08/01/2014	Date of Injury:	07/31/2002
Decision Date:	09/09/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 52 year old female who sustained injuries to her low back on 07/31/02. The mechanism of injury is not documented. Records indicate that the injured worker has received conservative management and ultimately underwent an L3-4 and L4-5 laminectomy. Postoperatively, the injured worker continues to have low back pain radiating into the lower extremities. The most recent clinical notes indicate that her pain level has remained unchanged since her previous visit. It is noted that the injured worker was placed on Celebrex which she reports is helpful; however, she felt like she needed something else for pain at 4 or 5 pm so she subsequently took ibuprofen 200mg. Her current medications include Norco 10/325mg, omeprazole 40mg, ibuprofen 600mg, Synthroid 0.1mg, and Celebrex 200mg per day. The record contains dated imaging of the thoracic and lumbar spines. The record notes a trial of a dorsal column stimulator on 07/09/10. On the most recent examination, she ambulates with a normal gait. Examination of the lumbar spine revealed surgical scars. Range of motion is restricted in both flexion and extension. There is tenderness to palpation of the paravertebral muscles with spasms and tenderness noted. There is spinous process tenderness noted at L3, L4, and L5. Heel to toe walk is normal. Lumbar facet loading is positive bilaterally. Straight leg raise is negative. Reflexes are 1/4 and symmetric. Motor strength is graded as 4/5 in the left extensor hallucis longus. The remainder is graded as 5/5 bilaterally. Sensation is reported to be decreased over the medial foot, lateral calf, lateral thigh, and big toe on the right side. The requestor subsequently recommended that the injured worker take Celebrex 100mg 2 times per day. The record contains a utilization review determination dated 07/03/14 in which the request for Celebrex 100mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg, Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, Page 30. NSAIDs, Pages 67-73 Page(s): 67-73.

Decision rationale: The submitted clinical records indicate that the injured worker has failed back surgery syndrome for which she is maintained by oral medications. The records indicate that the injured worker currently has a prescription for ibuprofen 600mg. It was further noted that she takes an additional 200mg suggesting that she has over the counter Ibuprofen available to her. The record reports that the injured worker believes she has benefit from Celebrex; however, this is not quantified. It is unclear as to the potential benefit of 100mg 2 times per day when the injured worker previously was taken 200mg per day and reportedly required additional ibuprofen to help control her pain. Further, the record provides no data which indicates that the injured worker suffers from gastritis secondary to chronic medication use to establish the medical necessity for a COX-2 inhibitor. Therefore, based on the information provided, medical necessity has not been established. The request is not medically necessary.