

Case Number:	CM14-0011379		
Date Assigned:	02/21/2014	Date of Injury:	09/03/2008
Decision Date:	06/25/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 3, 2008. The applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; long and short-acting opioids; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of January 24, 2014, the claims administrator apparently denied a request for Celebrex while approving request for Duragesic. The applicant's attorney subsequently appealed. In an earlier progress note of January 11, 2013, the applicant was described as using Duragesic, Norco, Zanaflex, Cymbalta, and Neurontin. The applicant was in the process of pursuing a psychological evaluation at that time. In a progress note dated February 7, 2014, the applicant was described as using Celebrex, Norco, Cymbalta, Neurontin, Ativan, estrogen, Synthroid, and Duragesic. The attending provider noted that the applicant was receiving Duragesic from the Veterans Administration System and that the applicant had received a denial for Celebrex. Various prescriptions, including Duragesic, Norco, Cymbalta, Neurontin, and Celebrex were sought, along with acupuncture. The applicant's work status and functional status were not provided. There is no description of the applicant's earlier response to Celebrex. On September 13, 2013, the applicant was again asked to continue Celebrex for its reported anti-inflammatory effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory Medications Page(s): 22.

Decision rationale: While page 22 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does state that COX 2 inhibitors such as Celebrex may be considered if an applicant has a risk of gastrointestinal complications, they are not indicated for the majority of patients. In this case, several progress notes interspersed throughout 2013 and 2014 were reviewed. There was no mention of history of gastrointestinal side effects which would compel provision of Celebrex, a COX 2 inhibitor. Therefore, the request is not medically necessary.