

Case Number:	CM14-0011518		
Date Assigned:	02/21/2014	Date of Injury:	11/13/2007
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/29/2014

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 patient is an injured worker with a lumbar back condition. Date of injury was 11-13-2007. Office visit note for date of service 01/09/2014 by [REDACTED] provided a progress report: Chief Complaint & History Of Present Illness: Location of pain: both sides and midline. Type of pain: back pain. Current status: no change. Current pain: crushing, stabbing. Severity compared to last visit: improved. Pain score on a scale from 0-10: 3. Functional impairment: Moderate: Interferes only with some daily activities. Need for pain medication: decreased. Ability to sleep: improved. Frequency of problem now: less frequent. Effectiveness of medication: Response to daytime medication: improved. Response to nighttime medication: improved. Response to injection therapy: improved. Medications prior to visit: celebrex, gabapentin, hydrocodone- acetaminophen 10-325 mg tabs, nabumetone, lisinopril. Impression: 1. lumbar postlaminectomy syndrome 2. Lumbosacral spondylosis 3. Sacroiliitis. Updated medication list: Celebrex, Gabapentin, Hydrocodone-acetaminophen 10-325 mg, Nabumetone, Lisinopril. MRI Lumbar 02/06/2013 reported moderate multifactorial acquired canal stenosis of L4-5, slight anterolisthesis at this level, a 5 mm left-sided synovial cyst at this level, and moderate bilateral neural foraminal narrowing. Stenosis is slightly accentuated by congenital short pedicles. Moderate stenosis L3-4 related to degenerative disc disease, facet and ligamentum flavum hypertrophy and congenitally short pedicles. There is a small inferiorly migrated right paracentral extrusion at this level. Mild stenosis was found at L2-3. Degenerative changes L5-S1 with mild bilateral neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRD EPIDURAL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Chronic Pain Medical Treatment Guidelines states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Office visit note for date of service 01/09/2014 documented back pain 3/10 in severity, no neurologic complaints. No radiculopathy was documented on physical examination. A third epidural steroid injection was requested. MTUS and ACOEM guidelines do not support the medical necessity of a third epidural steroid injection. Therefore, the request is not medically necessary.

CELEBREX 200 MG - 1 CAPSULE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,GI SYMPTOMS,CARDIOVASCULAR RISK Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

Decision rationale: Chronic Pain Medical Treatment Guidelines states that Celebrex is the brand name for celecoxib. Celecoxib is a non-steroidal anti-inflammatory drug (NSAID). COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors; angiotensin receptor blockers; beta-blockers; or diuretics. The patient has a history of Hypertension managed with Lisinopril. Blood pressure measurements were elevated on 01-09-2014 and 12-05-2013. No GI complications were documented. Therefore, the request is not medically necessary.