

Case Number:	CM14-0012953		
Date Assigned:	02/24/2014	Date of Injury:	06/21/2009
Decision Date:	08/01/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/31/2014

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 Management 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:

This is a 59-year-old male with a 6/21/09 date of injury. He is status post a lumbar fusion in 2012 with a revision in 2013 and multiple conservative measures including medications and a spinal cord stimulator (SCS) implant. A progress note dated from June 2013 noted the patient was on Celebrex for a history for Gastritis. The patient was seen on 12/3/13 to follow up a wound dehiscence after his SCS removal. His pain was noted to be an 8/10. Exam findings revealed green discharge around the IPG site. He complained of less knee pain from his prior visit. He was noted to be on Celebrex 200 mg BID, and tried stopping for a week, as well as Percocet, Oxycontin and Cymbalta for pain. The patient's diagnosis is complex regional pain syndrome (CRPS) of the right lower extremity, failed back syndrome, and L4-S1 psuedoarthritis with instrumentation and fusion. Treatment to date includes: lumbar fusion, epidurals, chiropractic therapy, acupuncture, pain management, medications, and SCS. There was no documentation that the patient had tried a nonsteroidal anti-inflammatory drug (NSAID). A peer-to-peer discussion with the requesting physician noted that the medication was on hold as the patient had tried and failed it.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200 MG , TWICE DAILY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Celebrex page 22) Page(s): 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. It is unclear why this patient has been on Celebrex consistently. There are no records of a history of a GI bleed. Gastritis alone is not a sufficient reason to be on Celebrex as the patient was also on Prilosec consistently and chronically, and there is no record that the patient failed NSAIDS along with his Prilosec use. In addition, there is no VAS score with and without this mediation, or if it provides and significant functional gains. Therefore, the request is not medically necessary.