

Case Number:	CM14-0019596		
Date Assigned:	06/11/2014	Date of Injury:	12/16/2013
Decision Date:	07/14/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 48-year-old male injured on December 18, 2013. The mechanism of injury is noted as an injury to the low back while extricating an individual out of a wrecked car. The most recent progress note, dated January 16, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity as well as abdominal pain when taking Naproxen or Ibuprofen. The physical examination demonstrated tenderness to the lower lumbar spine paravertebral muscles and a positive right-sided straight leg raise. Lower extremity sensation and reflexes were normal and symmetric bilaterally. There was decreased lumbar range of motion with forward flexion. Diagnostic imaging studies objectified mild lumbar degenerative disc disease, right lateral disc protrusion at L2/L3 contacting the L2 nerve root. Previous treatment included physical therapy steroid injections and radiofrequency ablation. A request had been made for Celebrex and was not recommended in the pre-authorization process on February 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG #30 WITH 2 REFILLS: Overturned

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 8 C.C.R. 9792.20 - 9792.26 MTUS (EFFECTIVE JULY 18, 2009), NSAIDS, G.I. SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68 OF 127.

Decision rationale: The attached medical record states that the injured employee experiences gastric upset when taking ibuprofen and naproxen even when taking them along with Nexium. The Chronic Medical Treatment Guidelines states that Celebrex may be considered if the patient has a risk of G.I. complications. It also states that patients at risk for gastrointestinal events may use a nonselective NSAID with either a proton pump inhibitor or a Cox 2 selective agent such as Celebrex. The previous utilization review only states that the use of Celebrex has been shown to be no more effective than acetaminophen for acute low back pain. The injured employee is not experiencing acute low back pain but rather chronic low back pain symptoms and as the injured employee has failed to relieve their symptoms when using a proton pump inhibitor. this request for the use of Celebrex 200mg #30 with 2 refills is medically necessary.