

Case Number:	CM14-0122462		
Date Assigned:	08/06/2014	Date of Injury:	10/19/2009
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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 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 50 year-old patient sustained an injury on 10/19/09 while employed by [REDACTED]. Request under consideration include Celebrex 200mg capsules by mouth twice a day, quantity 60, 3 refills. Diagnoses include Thoracic/ Lumbosacral Neuritis/ Radiculitis Unspec. There is an AME report dated 10/26/12 noting patient with constant moderate back pain and was deemed P&S with future medical to include medications. Report of 7/16/14 from the provider noted the patient with continued low back pain described as aching, cramping, and spasmodic. The patient underwent recent Transforaminal epidural injection in March 2014 and relief is wearing off with severe chronic back pain and lower extremity numbness. He has been dealing with general health issues of sleep apnea, anxiety, and uncontrolled hypertension. The provider noted the patient being concerned about the NSAID raising his blood pressure" and that the 200 mg dose of Celebrex is not enough; and "isn't working as well as it used to." The patient reported tolerating the medications without any side effects. Treatment plan included repeating TFESI and medication refill along with continued H-wave/TENS use. The request for Celebrex 200mg capsules by mouth twice a day, quantity 60, 3 refills was non-certified on 7/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg capsules by mouth twice a day, quantity 60, 3 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: This 50 year-old patient sustained an injury on 10/19/09 while employed by [REDACTED]. Request under consideration include Celebrex 200mg capsules by mouth twice a day, quantity 60, 3 refills. Diagnoses include Thoracic/ Lumbosacral Neuritis/ Radiculitis Unspec. There is an AME report dated 10/26/12 noting patient with constant moderate back pain and was deemed P&S with future medical to include medications. Report of 7/16/14 from the provider noted the patient with continued low back pain described as aching, cramping, and spasmodic. The patient underwent recent Transforaminal epidural injection in March 2014 and relief is wearing off with severe chronic back pain and lower extremity numbness. He has been dealing with general health issues of sleep apnea, anxiety, and uncontrolled hypertension. The provider noted the patient being concerned about the NSAID raising his blood pressure" and that the 200 mg dose of Celebrex is not enough; and "isn't working as well as it used to." The patient reported tolerating the medications without any side effects. Treatment plan included repeating TFESI and medication refill along with continued H-wave/TENS use. The request for Celebrex 200mg capsules by mouth twice a day, quantity 60, 3 refills was non-certified on 7/25/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen especially in light of side effects of blood pressure issues and decreased efficacy as noted by the provider and patient. The Celebrex 200mg capsules by mouth twice a day, quantity 60, 3 refills is not medically necessary and appropriate.