

<b>Case Number:</b>	CM14-0130330		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	02/12/2010
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 is a 60-year-old female with a 2/12/10 date of injury. A specific mechanism of injury was not described. The UR report dated 7/21/14 refers to a progress report dated 5/15/14, however, the report was not provided for review. The patient was status post a left piriformis Botox injection on 4/29/14 with 80% relief in the legs, medication use has decreased by 50%. Functional ability has increased with an increase in activity level and endurance. The pain was rated 5/10 in the same sciatic nerve distribution. Upon physical examination, it is noted the range of motion has improved. Straight leg raise is positive on the left at 60 degrees. Diagnostic impression: cervical and lumbar HNP. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 7/21/14 denied the requests for Celebrex and Medrol. Regarding Celebrex, there is no objective functional benefit noted from this medication in the clinical records. Regarding Medrol, there is no clear documentation that first-line medications are insufficient to manage symptoms to support the need for Medrol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Usage of Celebrex 100mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines states 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. In addition, Celebrex is also a better choice than NSAIDs in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. However, in this present case, there is no documentation of functional improvement or pain reduction with the use of Celebrex. In addition, there is no documentation that the patient has had a trial and failed a first-line NSAID. Therefore, the request for Prospective usage of Celebrex 100mg #30 was not medically necessary.

**Prospective Usage of Medrol 2mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

**Decision rationale:** CA MTUS does not address this issue. ODG criteria for oral/parenteral steroids for low back pain include clinical radiculopathy; risks of steroids should be discussed with the patient and documented in the record; and treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. However, in this case, there are no subjective or objective findings of radiculopathy. In addition, there is no documentation of an exacerbation of the patient's pain. Therefore, the request for Prospective usage of Medrol 2mg was not medically necessary.