

Case Number:	CM14-0151573		
Date Assigned:	09/19/2014	Date of Injury:	11/07/2005
Decision Date:	11/19/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 claimant is a 61 year old female presenting with chronic pain following a work related injury on 11/07/2005. The claimant was treated with radiofrequency neurotomy L3, L4 and L5 x 4, left foot surgery and trochanteric bursa injections bilaterally. MRI of the thoracic and lumbar spine showed mild lumbar spondylosis with no significant spinal stenosis or neural foraminal narrowing throughout. The claimant is status post multiple surgeries to the left ankle and foot. The claimant's medications included Norco, Celebrex, Percocet, Cymbalta, and Lidoderm patches. The physical exam showed tenderness over the bilateral greater trochanteric bursa with provocation of her familiar hip pain and gluteus pain on the right side. The claimant was diagnosed with Trochanteric Bursitis. A claim was placed for Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: Celebrex 200mg #30 is not medically necessary. Celebrex is a COX-2 inhibitor anti-inflammatory medication. Per MTUS guidelines page 67, Cox-2 inhibitors are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on this medication. Additionally, there is lack of documentation that the claimant cannot tolerate traditional NSAID medications due to gastrointestinal side effects. The medication is therefore not medically necessary.