

Case Number:	CM14-0156419		
Date Assigned:	09/25/2014	Date of Injury:	08/07/2001
Decision Date:	10/30/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/24/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 08/07/2001. The mechanism of injury was the injured worker was lifting heavy tools and had pain in his low back. Prior therapies included physical therapy and acupuncture. The injured worker was utilizing a brace. The injured worker had an epidural steroid injection and a medial branch block at L4-5. The surgical history was noncontributory. The diagnostic studies were not provided. The documentation of 08/18/2014 revealed the injured worker's medications included atorvastatin 20 mg, Celebrex 200 mg (1 capsule by mouth daily), chlorhexidine gluconate 0.12% mouthwash, clonazepam 1 mg tablets (1 by mouth at bedtime as needed), Colace 100 mg tablets (twice a day), and cyclobenzaprine 10 mg tablets (1 twice a day as needed). Additional medications included Cymbalta 60 mg (1 daily) oxycodone/acetaminophen 10/325 mg, and pantoprazole 40 mg delayed release. The injured worker had subjective complaints of pain with bilateral radiation into the feet. The injured worker's diagnosis were noted to include hyperlipidemia, gastroesophageal reflux disease, degeneration of the lumbar intervertebral disc bilateral, low back pain, lumbosacral radiculitis, neuralgia, ankle paresis, defecation urgency, and retention of urine. The treatment plan included Celebrex 200 mg 1 by mouth daily with refills x5. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 (5 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Celebrex Page(s): 22, 30.

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

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term treatment of acute pain. There should be documentation of objective functional improvement and an objective decrease in pain. The injured worker had been utilizing this medication since at least 02/2014. The request as submitted failed to provide documentation of the frequency. There was a lack of documentation indicating a necessity for 5 refills without re-evaluation. The rationale for use was not provided. The efficacy was not provided. Given the above, the request for Celebrex 200mg #30 (5 refills) is not medically necessary.