

Case Number:	CM14-0176489		
Date Assigned:	10/29/2014	Date of Injury:	11/10/2010
Decision Date:	12/05/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/24/2014

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 American Board of Internal Medicine 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:

In the most recent progress report dated October 23, 2014 the IW complains of low back pain. He had lumbar facet injections in August of 2014 which did not give him significant relief. He is taking Nucynta 100mg when needed at bedtime for pain flares, which works well for him. It gives him 60 percent pain relief. He was prescribed Celebrex 200mg to be taken once a day, He is intolerant of other NSAIDs, as he has tried several different NSAIDs which cause stomach upset. He states he is anxious to try Celebrex. Physical examination reveals pain in the lumbosacral junction extending bilaterally. He has full range of motion flexion which is well-tolerated. Extension is full but causes pain past 20 degrees. Extension with rotation also causes pain in the lumbosacral junction on the ipsilateral side. Seated straight leg raise is negative. Heel and toe walk and knee extension strength is intact. The IW has been diagnosed with sprain/strain lumbar region; lumbago; and lumbosacral spondylosis. Treatment plan includes Nucynta 100mg, and Celebrex 200mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, NSAID

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, Celebrex 200 mg #60 with three refills is not medically necessary. The guidelines recommend non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured worker was started on Celebrex on October 23, 2014. The injured worker is anxious in regards anti-inflammatory drug use and the Celebrex was being started on a trial basis. The treating physician requested Celebrex 200 mg #60 with three refills. It would not be appropriate to start Celebrex on a trial basis while giving three refills. Non-steroidal anti-inflammatory drugs, in general, are meant to be given at the lowest dose for the shortest period of time in patients with moderate to severe pain. It is unclear whether Celebrex is going to be taken once a day or twice a day. Although Celebrex 200 mg #60 is medically necessary the refills are not medically necessary in order to monitor efficacy. Consequently, Celebrex 200 mg #60 with three refills is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Celebrex 200 mg #60 with three refills is not medically necessary.