

Case Number:	CM14-0184660		
Date Assigned:	11/12/2014	Date of Injury:	01/17/2010
Decision Date:	12/15/2014	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/05/2014

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 & 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 33 year-old patient sustained an injury on 1/17/10 while employed by [REDACTED]. Request(s) under consideration include Celebrex 100mg, #30 with 2 refills. Diagnoses include lumbar radiculopathy s/p L5-S1 microdiscectomy, medial facetectomy and foraminotomy on 1/11/13. Conservative care has included medications, physical therapy, epidural steroid injection, and activity modification/rest. Report of 5/27/14 from the provider noted patient with ongoing chronic low back pain radiating down left lower leg to lateral buttocks, thigh, leg, and heel associated with weakness of large toe. Exam showed lumbar spine with limited range in all planes; DTRs symmetrical, decreased sensation of left medial and lateral leg and lateral foot; diffuse decreased motor strength of 4/5 to left 1st toes extension with moderate tenderness diffusely at L4-S1 with positive provocative testing. Treatment included medication refills of Norco, Naproxen, Prilosec, Gabapentin, Lidoderm, Cymbalta, and Senokot along with PT and Weight Watchers and Electrodiagnostic. EMG/NCS was negative for radiculopathy. Report of 10/1/14 noted unchanged symptoms with pain noted to be manageable with Norco and Celebrex; Pain was associated with leg weakness with difficulty performing ADL. Exam was unchanged and showed positive SLR, tenderness at L5-S1 with diffuse 4/5 weakness in left ankle dorsiflexion. Treatment included CBT x 12 sessions, Celebrex and continued modified work. The request(s) for Celebrex 100mg, #30 with 2 refills was non-certified on 11/3/14 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 100mg, #30 with 2 refills: Upheld

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

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

Decision rationale: This 33 year-old patient sustained an injury on 1/17/10 while employed by Palo Alto Medical Foundation. Request(s) under consideration include Celebrex 100mg, #30 with 2 refills. Diagnoses include lumbar radiculopathy s/p L5-S1 microdiscectomy, medial facetectomy and foraminotomy on 1/11/13. Conservative care has included medications, physical therapy, epidural steroid injection, and activity modification/rest. Report of 5/27/14 from the provider noted patient with ongoing chronic low back pain radiating down left lower leg to lateral buttocks, thigh, leg, and heel associated with weakness of large toe. Exam showed lumbar spine with limited range in all planes; DTRs symmetrical, decreased sensation of left medial and lateral leg and lateral foot; diffuse decreased motor strength of 4/5 to left 1st toes extension with moderate tenderness diffusely at L4-S1 with positive provocative testing. Treatment included medication refills of Norco, Naproxen, Prilosec, Gabapentin, Lidoderm, Cymbalta, and Senokot along with PT and Weight Watchers and Electrodiagnostic. EMG/NCS was negative for radiculopathy. Report of 10/1/14 noted unchanged symptoms with pain noted to be manageable with Norco and Celebrex; Pain was associated with leg weakness with difficulty performing ADL. Exam was unchanged and showed positive SLR, tenderness at L5-S1 with diffuse 4/5 weakness in left ankle dorsiflexion. Treatment included CBT x 12 sessions, Celebrex and continued modified work. The request(s) for Celebrex 100mg, #30 with 2 refills was non-certified on 11/3/14. 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 2010 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. The Celebrex 100mg, #30 with 2 refills is not medically necessary and appropriate.