

Case Number:	CM14-0022255		
Date Assigned:	02/26/2014	Date of Injury:	11/15/1991
Decision Date:	08/12/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/21/2014

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 Occupational 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:

This is a 61 year-old male with an 11/15/91 date of injury to his left leg and low back. The patient was seen on 1/10/14 with complaints of neck pain radiating to the right arm and low back pain radiating to the right leg, 5/10 with medications and 8/10 without medications. Exam findings revealed positive straight leg raise, limited range of motion of the neck and L spine, spinal tenderness as well as tenderness over the posterior superior iliac spine and diminished sensation in the toes on the right. The diagnosis is cervical disc protrusion at C3/4 and C4/5, L4/5 1m disc protrusion, and musculoligamentous sprain of the lumbar spine. A 3/5/12 MRI of the lumbar spine noted no spinal stenosis, and mild neural foraminal narrowing at L4/5 and L5/S1 with degenerative joint disease. An adverse determination was received on 1/23/14. Celebrex was partially certified from #360 tablets to #60 tablets. The request for an MRI of the lumbar spine was denied, as there was no indication of progressive radiculopathy or neurological findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200 MG QUANTITY 360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:FDA Celebrex.

Decision rationale: The MTUS Chronic Pain 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. This patient's pain is decreased from an 8/10 to a 5/10 with his medications. This request was partially certified from 360 tablets to 60 tablets to allow for ongoing reassessment. The patient has radicular pain from the neck to the arm and the low back to the legs and frequent follow up is reasonable to assess for ongoing efficacy of his pain medications. There is no rationale to give the patient 360 tablets at one time. Celebrex at the most can be dosed twice daily at the requested dose of 200. Hence 60 tablets allows for a one month's supply. Therefore, the request for Celebrex 200 mg 360 tablets is not medically necessary.

MRI LUMBAR SPINE QUANTITY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Low Back Chapter, MRI).

Decision rationale: The ACOEM Guidelines supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. This patient had an MRI of the lumbar spine in 2012 showing multilevel disc bulges with mild forminal narrowing and no canal stenosis. A repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). There is a lack of evidence to support a significant change in clinical findings or symptoms from the patient's last MRI. In addition, there was no clear rationale given for a repeat MRI. Therefore, the request is not medically necessary and appropriate.