

Case Number:	CM14-0026173		
Date Assigned:	06/13/2014	Date of Injury:	10/01/1997
Decision Date:	08/07/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/28/2014

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 Anesthesiology, 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 49-year-old female with a reported injury on 10/01/1997. The injured worker had an examination on 01/06/2014 with complaints of low back and left leg pain. The injured worker reported her pain as a 5/10 to 6/10, with numbness and tingling to the dorsal aspect of her left foot. She had been taking Lyrica, Celebrex and Savella with good relief. In the past she had struggled through many trials of medications which most of them gave her more side effects than benefit. She was encouraged to continue her home exercise program although there is no evidence as to the efficacy of her home exercise program or any other previous medications. The injured worker does not work at this time. She was unable to drive by herself for long distances and needed a caretaker. Her diagnoses consisted of lumbago, lumbar disc degeneration, lumbar spondylosis, postlaminectomy syndrome and lumbar radiculopathy in L5-S1. The recommended plan of treatment includes Celebrex 200 mg once a day for 30 days. The Request for Authorization was signed on 01/17/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 Mg daily for 30 days with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDS Page(s): 62-63, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend NSAIDs (Non-Steroidal Anti Inflammatory Drugs) for chronic back pain for a short term symptomatic relief. The injured worker pain is described as chronic, and there is no evidence of how long she had been taking this medication. The guidelines also suggest that NSAIDs were no more effective than other drugs such as Tylenol, narcotic analgesics and muscle relaxants. The review also found that NSAIDs had more adverse effects than a placebo but Tylenol had fewer side effects than muscle relaxants. There is inconsistent evidence for the use of this medication to treat long term pain. The injured worker complains of back pain radiating to lower left leg. She reported getting good relief with her medications, but a pain efficacy and detailed assessment was not provided. She does do a home exercise program, but the specifics and efficacy was not provided. Therefore, the request for the Celebrex 200 mg daily for 30 days with 2 refills is not medically necessary and appropriate.