

Case Number:	CM14-0026832		
Date Assigned:	06/13/2014	Date of Injury:	09/02/1997
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/03/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 51-year-old male injured on 09/02/97 due to undisclosed mechanism of injury. The current diagnoses included status post anterior cervical discectomy and fusion at C5-6 with transitional disease at C4-5, status post multiple left shoulder surgery with residual pain, left shoulder bursitis, status post arthroscopy of the left glenohumeral joint, right shoulder subacromial impingement, status post lumbar spine laminectomy/discectomy L4-5 with residual pain, status post L4-5 disc replacement, left L4-5 radiculopathy, migraine headaches, and right hand dermatological condition. The clinical note dated 02/04/13 indicated the injured worker presented complaining of constant neck pain radiating into bilateral trapezii and upper back with migraine headaches. The injured worker reported pain relief with rest, transcutaneous electrical nerve stimulation (TENS) unit, medication, and cream. The injured worker also complained of intermittent to frequent left shoulder pain with associated numbness and tingling in the left shoulder into the arm and hands. The injured worker reported right shoulder pain secondary to overcompensation. Additionally, the injured worker reported constant low back pain radiating down bilateral lower extremities with associated numbness and tingling. Physical examination of the lumbar spine revealed normal spinal alignment with the shoulders and iliac crest, tenderness to palpation over the lumbar spine and lumbosacral spine, hypesthesia of the right lower extremity and L4-5 distribution. The current medications included Testim gel, Ambien, Treximet, Soma, Lidoderm patches, Celebrex, Prilosec, Lexapro, MSIT, Kadian, Provigil, and Senokot. The initial request for Celebrex 200mg for the lumbar spine was initially non-certified on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Triptans.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory medications (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Celebrex 200mg for the lumbar spine cannot be established as medically necessary.