

Case Number:	CM14-0028607		
Date Assigned:	06/16/2014	Date of Injury:	01/18/1994
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/06/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 patient is a 65-year-old man with diabetes and hypertension who has a date of injury in January of 1994. There is no detail on the mechanism of this injury, though the records indicate he has both cervical and lumbar disease and has had surgery on both. It was stated that he had a "C6-7 surgery" in 2009; no further details were supplied. No description of the lumbar surgery was noted. This patient carries a diagnosis of spastic gait syndrome from his cervical spine injury and lumbar myofascial pain syndrome and lumbar facet disease. This patient who is a smoker and has a diagnosis of NSAID induced gastritis. His records indicate that he does take Aspirin 325mg pill/day, Lyrica, Celebrex 200mg 1-2/day and Prilosec 20mg 1-2/day. He reports good relief to his back pain with the usage of Celebrex. He additionally uses Hydrocodone as needed and has undergone both cervical and lumbar epidurals. This patient's exam reveals hyperreflexia of his lower extremities, a wide based gait and mild limitation to his cervical and lumbar rotation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG ONE (1) TAB ONCE A DAY (QD) QUANTITY #60 REFILLS FIVE (5): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 67, 68.

Decision rationale: Celebrex, a COX-2 Inhibitor is an anti-inflammatory, frequently used when there is an indication for NSAIDs (non-steroidal anti-inflammatory) but where too many risks for a GI complication are present. The MTUS Guidelines state that generic NSAIDs and COX-2 inhibitors have similar efficacy and risks and that they were no more effective than other drugs such as acetaminophen, or narcotic analgesics in the setting of chronic back pain. In the setting of an acute exacerbation of chronic pain, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. They, however do allow the usage of NSAIDs (and COX-2 Inhibitors, if appropriate) to be used for acute exacerbations of chronic pain of the lower back. Thus, this request for Celebrex 200mg, one pill daily with five refills, is deemed not medically necessary.