

Case Number:	CM14-0028986		
Date Assigned:	06/20/2014	Date of Injury:	07/25/2005
Decision Date:	08/13/2014	UR Denial Date:	02/07/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 44-year-old male who reported an injury on 07/25/2005 due to an unknown mechanism. The injured worker had a physical examination on 01/27/2014 with complaints of low back pain. He also complained the right leg fell asleep at times. The injured worker had low back surgery in 2005. Objective findings were noted of slight right lumbar spasm of the L4-5. There was decreased flexion at the waist to 50 degrees, positive supine straight leg raise testing, and weakness of the extensor hallucis longus graded 4/5. The injured worker was able to kneel and squat. It was noted in the examination report the injured worker had gastrointestinal upset with NSAIDs. The injured worker also stated Celebrex made him dizzy and bothered his stomach. He indicated he would like to try a patch that would be easier on his stomach. Medications were Celebrex 200 mg, hydrocodone 10/325 mg and Flector 1.3% transdermal 12 hour patch. Diagnosis for the injured worker was lumbar disc disorder with myelopathy. The request submitted was for Celebrex 200 mg capsules #30 plus 5 refills. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG CAPSULES #30 + 5 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
Page(s): 68, 69.

Decision rationale: The injured worker stated Celebrex made him dizzy and bothered his stomach. His provider then prescribed Flector patch for the injured worker to use but did not discontinue the Celebrex. The California Medical Treatment Utilization Schedule states there is no evidence to recommend 1 drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are less interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). It should be determined if the patient is at risk for gastrointestinal events. Reassessment of the injured worker should be obtained, and determine if the injured worker is at risk for peptic ulcer, GI bleed or perforation. If the injured worker is at a high risk for gastrointestinal events with no cardiovascular disease, a COX-2 selective agent plus a proton pump inhibitor if absolutely necessary. The guidelines also state patients with no risk factor and no cardiovascular disease, a non-selective NSAID is okay but recommended medication is ibuprofen, naproxen, etc. Due to the adverse effects the Celebrex had on the injured worker of causing dizziness and GI upset, continuation of Celebrex would not be supported. The request submitted does not indicate the frequency for the medication. Therefore, the request is not medically necessary and appropriate.