MAXIMUS Federal Services

Case Number:	CM14-0029752		
Date Assigned:	05/02/2014	Date of Injury:	06/20/2007
Decision Date:	07/11/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 55-year-old male patient with a 6/20/07 date of injury. He injured himself when bent over and felt a pinch in his left low back. The recent progress report available was dated on 2/7/11. There was indicated that the patient had 3 epidural blocks at L5-S1 level of lumbar spine with short term of pain relief. Physical exam demonstrated focal tenderness at the L1-L2 level; right vertebral muscle spasm was evident with a positive facet sign. His range of motion was limited and did not change since 9/9/2008. He was diagnosed with lumbosacral radiculopathy, lower back pain at 2 distinct levels (L1-2 and L5-S1). He was prescribed Celebrex 200mg and Omeprazole. He was on Celebrex since 10/27/2008 apparently he had office visit on 12/4/13, which revealed that the patient had bilateral lower back pain, 3/10, and in worst episodes it was a 7/10. He denied radiation of pain. Stiffness and spasm was also noted in the lower back. He was diagnosed with lumbar herniated disk, lumbar degenerative disc, and lumbago. Treatment to date: medication management, and epidural injections. There is documentation of a previous 12/20/13 adverse determination, was modified to Celebrex 200 mg #30 with no refill, because the patient was taking Celebrex since 2008 and there was measurable decrease in pain or increased in ability to function with ongoing treatment with Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG #30, WITH 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 Page(s): 22.

Decision rationale: Chronic Pain Medical Treatment Guidelines states that (NSAIDs) non-steroidal anti-inflammatory drugs 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. The patient has been taking Celebrex since 2008; however there is no indication as to decease in pain with regard to VAS or gain of function with his medication. Therefore, the request for prescription for Celebrex 200mg #30, with 5 refills, as submitted, is not medically necessary.