MAXIMUS Federal Services

Case Number:	CM14-0031319		
Date Assigned:	04/09/2014	Date of Injury:	06/07/2006
Decision Date:	05/28/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/03/2014

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 Family 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:

The patient is a 50 year old female with a date of injury on 6/07/2006. The patient has ongoing symptoms related to her neck and had C5-6 total disc arthroplasty and C6-7 anterior cervical discectomy and fusion on 7/11/11. Subjective complaints include neck pain radiating to between the shoulder blades and associated headaches. Physical exam shows tenderness through bilateral trapezius muscles, upper extremity pulse and strength are intact. Medications for pain include Cymbalta, Clonazepam, flexeril, Celebrex, Vicodin, Trazodone, and Prilosec. Submitted documentation shows symptoms of dyspepsia, without specific GI diagnosis. Documentation does not mention previous trial of other NSAIDS, or functional improvement related to the ongoing Celebrex use.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG 1 PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatories, NSAIDS Page(s): 21, 67-69.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines suggests Celebrex may be considered if the patient has a risk of GI complications. Generic NSAIDS and COX-2 inhibitors have similar efficacy and risks, but a much higher cost. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. In this case, there is no documentation identified that would stratify this patient in an intermediate or high risk GI category. The documentation shows a history of dyspepsia, which is continuing on Celebrex and Prilosec. Additionally, the MTUS guidelines specifically states that treatment of dyspepsia secondary to NSAID therapy should include stopping the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Since the patient is still experiencing dyspepsia on Celebrex and Prilosec, and no specific pain relief or functional improvement is recorded, the request cannot be supported. The request for Celebrex 200 mg 1 PO BID # 60 is not medically necessary and appropriate.