MAXIMUS Federal Services

Case Number:	CM14-0032733		
Date Assigned:	06/20/2014	Date of Injury:	11/29/2008
Decision Date:	07/21/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/14/2014

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 Orthopedic Surgery, 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:

The injured employee is a 51-year-old male who reportedly sustained a work related injury on November 29, 2008. The mechanism of injury was not stated in the records reviewed. The most recent note in the attached medical record was dated March 26, 2014. On this date, the injured employee had complaints of low back pain radiating to the right lower extremity. Pain was rated at 6/10. There was reported 60% improvement in low back pain after an L4-L5 and L5-S1 facet joint radiofrequency nerve ablation. Celebrex was stated to improve the injured employee's pain by 75% and helped his participation in activities of daily living. There was previous gastrointestinal upset with ibuprofen. Oxycodone was stated to provide 70% relief of the injured employee's pain as well as helped his ability to maintain activities of daily living such as self-care and dressing. There was reported to be an up-to-date pain contract, and previous urine drug screens were consistent with no aberrant behaviors. Current medications were stated to include Lyrica, Senokot, lisinopril, Norco, Zoloft, Flector patches, Celebrex,and oxycodone. The physical examination on this date noted decreased lumbar range of motion limited by pain. There was tenderness at the right sacroiliac joint. There was a negative straight leg raise test bilaterally and a normal lower extremity neurological examination. There was a previous request for Celebrex, which was not certified on February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg 1 tab p.o. daily #30 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 30,70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the medical record, dated March 26, 2014, the injured employee, is doing quite well after receiving a bilateral L4-L5 and L5-S1 facet joint radiofrequency nerve ablation and has stated to be maintaining 60% improvement of his low back pain. With such excellent improvement in the injured employee's symptom, it is unclear why there is still a need for medications such as Lyrica, Celebrex, Flector patches and oxycodone. It is also unclear how the injured employee can have 75% pain relief with Celebrex concurrently with 60% pain relief from the radiofrequency nerve ablation and 70% pain relief from oxycodone. As the injured employee is doing quite well after the radiofrequency nerve ablation, this request for Celebrex is not medically necessary.