

Case Number:	CM14-0042609		
Date Assigned:	08/01/2014	Date of Injury:	04/01/2009
Decision Date:	08/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 following an accident resulting in several rib fractures as well as a concussion. No description of the initial injury was provided in the submitted documentation. The clinical note dated 09/03/13 indicates the injured worker utilizing Celebrex, Lyrica, and liquid Lidocaine for pain relief. The note indicates the injured worker responded appropriately to the use of 400mg of Celebrex in addressing the neck and head pain. The note indicates the injured worker was recommended for a reduction in dose to 200mg on a daily basis. The note indicates the injured worker able to sleep 7 hours each night with 1-2 interruptions secondary to the pain levels. The injured worker rated the pain as 4-6/10 at that time. The clinical note dated 10/08/13 indicates the injured worker having increased pain following the reduction in dosage for the use of Celebrex. The injured worker reported significant headaches with occasional nausea and rarely vomiting. The injured worker continued to rate the pain as 4-6/10. The clinical note dated 10/15/13 indicates the injured worker initiated physical therapy. The physical therapy evaluation note revealed range of motion limitations in the lumbar region. The clinical note dated 11/25/13 indicates the injured worker undergoing a 2nd reduction in dosage for the use of Celebrex. The injured worker continued with cervical region pain, primarily on the right. The utilization review dated 03/21/14 resulted in a denial for the continued use of Celebrex as the injured worker had been recommended for a 1 month supply for the use of Celebrex at 200 mg every day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 for one month only: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

Decision rationale: The documentation indicates the injured worker complaining of ongoing neck and pain. The continued use of Celebrex is indicated provided the injured worker meets specific criteria to include a continued objective functional improvement directly attributable to the use of Celebrex. There is an indication the injured worker has undergone a recent reduction in dosage for the use of Celebrex. However, no objective data was submitted confirming the injured worker's positive response to the use of this medication. Given this, the for request Celebrex 200mg #30 for one month only is not medically necessary and appropriate.