

Case Number:	CM14-0047765		
Date Assigned:	07/02/2014	Date of Injury:	05/04/2000
Decision Date:	09/22/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine and Rehabilitation 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 worker is 74 year-old male who reported a work related injury on 05/04/2000. The mechanism of injury was cumulative trauma from lifting. The injured worker's diagnoses consist of severe lumbar central stenosis, multilevel degenerative disc disease, left L5, S1 radiculopathy, and neurogenic claudication. The injured worker's past treatments have included medications and physical therapy. The diagnostic studies have consisted of an EMG/NCV which revealed S1 chronic radiculopathy and peripheral polyneuropathy bilaterally to the left lower extremities. It was noted that surgery was not an option for the injured worker because of religious beliefs. The injured worker's subjective complaints on 02/11/2014 were pain in the left hip with difficulty lying on that side with a pain level that averaged from a 7-8/10 on the VAS pain scale, numbness, pain and weakness in his legs. The objective findings included moderate tenderness on palpation at the lumbar paraspinal muscles and long facet joints. The medications consisted of 200 mg of Celebrex with a previous dosage of 100mg, 10 mg of Flexeril, 300 mg of Neurontin, and 24 mg of Amitiza. The request is for Celebrex 200mg, #30 and the rationale for the request was for pain. The request for authorization was submitted on 02/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

Decision rationale: The request for Celebrex 200mg, #30, is not medically necessary. According to The California MTUS chronic pain guidelines, Celebrex is for acute exacerbations, but chronic use is not recommended. The medical records submitted indicated that the injured worker has been on Celebrex since 02/11/2014. The guidelines recommend monitoring of liver and kidney function as well as blood pressure within 2-4 weeks of beginning treatment and on each visit. While there was documentation of the injured workers blood pressure, the documentation submitted did not provide evidence of laboratory evaluations for the function of the patient's liver or kidney function. Therefore, documentation is needed regarding the condition of the injured workers kidney and liver function to support the continuation of Celebrex. With the information provided above, the request for Celebrex 200mg, #30 is not medically necessary.