

Case Number:	CM14-0048185		
Date Assigned:	07/02/2014	Date of Injury:	05/11/2004
Decision Date:	08/26/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/15/2014

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 59 year old patient had a date of injury on 5/11/2004 . The mechanism of injury was not noted. In a progress noted dated 2/25/2014, the patient complains of severe low back pain, heel pain, and bilateral knee pain. On a physical exam dated 2/25/2014, the patient has weakness, restricted ROM, and plantar fasciitis. Diagnostic impression shows failed back syndrome with spinal infection and spinal stenosis, post op ankle fracture, internal derangement of the knee. Treatment to date: medication therapy, behavioral modification. A UR decision dated 3/24/2014 denied the request for Celebrex between 2/25/2014 and 5/11/2014, stating that the patient continued to have chronic pain and had been continuously treated with Celebrex since at least 2008. However the patient did not show substantial benefits from this course of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs 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. In addition, Celebrex is also a better choice than NSAIDS in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. In a progress report dated 2/25/2014, the patient is documented to be on opioids as well as Celebrex, with no discussion of functional improvement or continued analgesia from this regimen. Furthermore, the dose, quantity, and frequency of Celebrex was not provided. Therefore, the request for Celebrex was not medically necessary.