

Case Number:	CM14-0048250		
Date Assigned:	04/18/2014	Date of Injury:	11/17/1997
Decision Date:	11/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/16/2014

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 Florida. 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 55-year-old male with a date of injury 11/17/1997. No mechanism of injury is discussed in the provided documentation. This patient previously had a Lumbar MRI in January of 2003 that showed facet arthropathy. Recent diagnoses include lumbar degenerative joint disease and lumbosacral facet arthropathy. He is chronically on narcotics and benzodiazepines. A 3/3/2014 progress note indicated that he is supposed to be taking Celebrex 200 mg daily to help with his chronic pain. Yet, the request received is for Celebrex 200mg per oral every 4 hrs. A utilization reviewer did not certify this request. Likewise, an independent medical exam review has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex. NSAIDS Page(s): 64,104,66.

Decision rationale: According to the California MTUS guidelines, Celebrex is "a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets

COX-2, an enzyme responsible for inflammation and pain." Celebrex has a max dose of 200 mg po BID for acute pain. This patient does not have acute pain, as his pain is noted to be chronic. Therefore, the recommended dose of Celebrex is 200mg daily. 200mg every four hours is an over dose. Likewise, this request for Celebrex is not medically necessary.