

Case Number:	CM14-0052142		
Date Assigned:	07/07/2014	Date of Injury:	02/24/2013
Decision Date:	09/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/21/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 female who was injured on 02/24/2013. She tripped and fell over an electric cord and landed on her back while at work. She complains of low back pain that goes down to her left leg. The pain is 4/10, worse with prolonged standing, lifting heavy items, coughing and sneezing. The pain is associated with numbness. Her physical examination is unremarkable except for mild limitation in the range of motion of the spine. She had normal X-ray, and she was treated with Physical therapy, acupuncture and medications. The Injured worker had an unremarkable nerve studies. She has been diagnosed with unspecified disc disorder of lumbar region, and a request was made for Celebrex but was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 x3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22. Decision based on Non-MTUS Citation PDR; Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs Page(s): 68.

Decision rationale: The MTUS considers the following as risk factors for Gastrointestinal complication of Non-steroidal anti-inflammatory drugs: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID plus low-dose Aspirin. Based on the above risk factors, the MTUS recommends as follows: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, Ibuprofen, Naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Based on the fact that the records reviewed showed no evidence of gastrointestinal risk, the injured worker falls into the group with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., Ibuprofen, Naproxen, etc.). Therefore, Cox-2 Selective agent, like Celebrex, is not medically necessary.