

Case Number:	CM14-0052508		
Date Assigned:	08/01/2014	Date of Injury:	08/19/1996
Decision Date:	09/17/2014	UR Denial Date:	04/08/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 08/19/1996 due to an unknown mechanism. Diagnoses were incisional hernia; failed back surgery syndrome; back pain, lumbar, chronic; lumbar radiculopathy; status post lumbar fusion; back pain, lumbar; depression. Past treatment reported was an epidural steroid injection. Diagnostic studies were not reported. Surgical history included a lumbar fusion and 3 neck surgeries. Physical examination on 07/24/2014 revealed complaints of lower back and lower extremity pain, more on the right side. The injured worker is on a follow-up for a status post caudal epidural steroid injection and reported no significant improvement from the recent procedure. He stated the medication helped diminish his pain more than the procedure. The injured worker reported his pain was reduced by 50% with his medications. Current pain was rated at a 7/10. Previous pain was rated at a 7/10. Examination of the lumbar spine revealed straight leg raise was positive on the right at 35 degrees and on the left at 45 degrees, with moderate pain on the lower lumbar facet joint. Flexion was normal. Range of motion was limited due to pain. Sensation was decreased to pinprick over the right L4, L5 and L1. Medications were Oxycodone, 30 mg, 1 every 12 hours; Oxycodone, 60 mg, 1 every 12 hours; Norco, 10/325 mg, 1 every 4 to 6 hours, maximum of 6 a day; Pantoprazole, 40 mg; Lunesta, 2 mg; Miralax powder; Lidoderm 5% patches; Celebrex, 100 mg, 1 capsule twice a day; baclofen, 10 mg; Cymbalta, 30 mg; Cymbalta, 60 mg; Ativan, 1 mg; Nortriptyline HCL, 10 mg; Cyclobenzaprine HCL, 10 mg; Spiriva Handihaler, 18 mcg caps; Lipitor, 40 mg; and Diovan, 80 mg. The treatment plan was to continue medications as directed. The rationale was not submitted. The Request for Authorization form was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex, 100mg #60 1 refill for lumbar spine pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm; Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006; Physician's Desk Reference, 68th ed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Celebrex.

Decision rationale: The 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 (200mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: a Cox-2 selective agent plus a PPI if absolutely necessary. There was no evidence in the document submitted of the injured worker being on an NSAID prior to Celebrex. There was no report of gastro-intestinal events past or present. Therefore, the request is not medically necessary.