

Case Number:	CM14-0061753		
Date Assigned:	07/11/2014	Date of Injury:	12/10/1996
Decision Date:	08/21/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/02/2014

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:

This is a 47-year-old male who sustained injury to lower back on 12/10/1996. The mechanism of injury is unknown. Treatment history includes medications (Naproxen, Terocin, Lidoderm patch, Prilosec, Fexmid, and Tramadol). He had lumbar fusion in 2004 and XLIF on 06/07/2011. A progress report dated 04/02/2014 indicates the pain has been about the same and is 6/10. The muscle relaxant has been very effective in controlling his muscle pain and spasms. The pain is well controlled with medications. He only has relief when taking his medications for his chronic pain, inflammation, spasms, and neuropathy. He still feels that he can live with pain as long as he is taking these medications. He needs refills. He has not yet RTW. Objective findings include normal reflex, sensory and power testing to bilateral upper and lower extremities. SLR and bowstring are negative bilaterally. Femoral stretch was negative bilaterally. Gait is normal. He can heel-walk bilaterally and is able to toe-walk bilaterally. He experiences minimal lumbar tenderness. Lumbar spine spine ROM decreased about 25%. Normal LE pulses bilaterally. Diagnoses were status post L4-S1 fusion, cervical and lumbar strain, and HNP with instability L3-4 (transitional syndrome), status post XLIF 06/07/201 with probable pseudo arthrosis. UR dated 05/02/2014 indicates the medication review for Celebrex 200 mg #30 as an outpatient for low back injury was non-certified because the records do not document the rationale for the need of this medication over a nonspecific anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication review for Celebrex 200MG, 30 count as an outpatient for low back injury:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, NSAIDs, specific drug list & adverse effects Page(s): 30, 70-71.

Decision rationale: NSAID is recommended for musculoskeletal pain; however, there is no explanation in the medical records as to why other first line NSAIDs like Ibuprofen or Naproxen cannot be used instead of Celebrex. Therefore, the request is not medically necessary.