

Case Number:	CM14-0064091		
Date Assigned:	07/11/2014	Date of Injury:	05/28/1999
Decision Date:	09/10/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/06/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 54-year-old female with a 5/28/99 date of injury. The mechanism of injury was not provided for review. According to a progress report dated 4/3/14, the patient complained of pain at the base of her neck that radiated into the right and left scapular region. Her neck pain was constant, achy, and burning in character. The pain without her medication was 9-10/10 and with her current medication averaged 6/10 and was tolerable. She had chronic parasthesias in the left hand secondary to a prior left carpal tunnel surgery and ulnar nerve release at the elbow on the left. She also had irritable bowel syndrome (IBS) symptoms, possibly due to her medications. Objective findings are slightly limited ROM of her neck at end range due to myofascial pain, slight ROM limitation in the right knee at end range due to pain, moderate effusion and tenderness to palpation of the lateral joint space of the right knee. Diagnostic impression is cervicgia; pain in joint, shoulder region; pain in joint, lower leg. Treatment to date includes medication management and activity modification. A UR decision dated 4/15/14 denied the request for Celebrex. The medical records did not contain details at this time subsequent to the prior physician review to clarify a rationale as to why this patient would require a Cox-2 inhibitor rather than a traditional NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 22, 24, 26, 78, 107, 122.

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 Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex) JAMA September 13, 2000, Vol 284, No. 10

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. It is noted that the patient suffers from irritable bowel syndrome. Guidelines support the use of Celebrex in patients suffering from gastrointestinal conditions. In addition, it is documented that the patient has functional improvement from utilizing Celebrex. Although the quantity of Celebrex requested is not noted in this request, according to a report dated 4/15/14, the provider is requesting 45 tablets. Therefore, the request for Celebrex 200 mg was medically necessary.