

Case Number:	CM14-0077770		
Date Assigned:	07/16/2014	Date of Injury:	09/05/2006
Decision Date:	09/03/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/23/2014

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:

The injured worker is a 46-year-old-male with an injury date of 09/05/06. The patient got up out of chair and twisted his back. No other mechanism of injury was mentioned. The patient complains of low back pain with left/right sided leg pain and numbness that radiates into both calf's. He also complains of neck pain on the right. Patient has increased back pain with R>L leg numbness to foot and his pain is constant. He mentions that sitting causes numbness in the legs. He continues to use a cane for ambulation. His neck pain is intermittent. The patient has been using over the counter medication for constipation. Methadone and Dilaudid have helped with pain control. His symptoms affect the top of his foot and c/w L4 level lesion. Current medications include Ambien, Celebrex, Cymbalta, Dilaudid, Frova, Linzess, Lorzone, Methadone, Neurontin, Relistor and Zanaflex. An MRI of L-spine was done on 05/24/13 and the patient is considered status post fusion at L5-S1 with no stenosis. Current diagnosis includes; thoracic/lumbosacral neuritis /radiculitis unspecified, lumbago and post laminectomy syndrome lumbar region. A Utilization Review determination for the request of Celebrex capsules 200 mg #60 for 30 days supply was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex Cap 200mg #60 (30 days supply): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex
Page(s): 22.

Decision rationale: According to the CA MTUS guidelines, "Selective COX-2 NSAIDs: Celecoxib (Celebrex) is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis especially in patients at intermediate risk for GI events. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." There was no documentation of history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or anticoagulants. Furthermore, there was no documentation of any significant improvement of pain and function with prior use of this medication. Therefore, the request is considered not medically necessary according to the guidelines.