

Case Number:	CM14-0080081		
Date Assigned:	07/18/2014	Date of Injury:	01/12/2006
Decision Date:	09/17/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational Medicine 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 patient is a 58-year-old female who has submitted a claim for lumbar sprain/strain, chronic pain syndrome, post laminectomy lumbar, and lumbar or thoracic radiculopathy associated with an industrial injury date of 01/12/2006. Medical records from 06/02/2011 to 07/18/2014 were reviewed and showed that patient complained of low back pain graded 9/10 and left leg pain with associated weakness and numbness of left lower extremity. Physical examination revealed tenderness to palpation over the lumbar paraspinal muscles, decreased lumbar ROM, negative SLR test bilaterally, normal MMT of lower extremities except for bilateral quadriceps 4+/5. MRI of the lumbar spine dated 12/27/2013 revealed stable postsurgical changes consistent with anterior spinal fusion at L3-5 including intervertebral prosthetic to spaces at L3-4, multilevel degenerative and discogenic changes minimally worse at L2-3, L3-4, and L5-S1, mild central canal stenosis with mild to moderate bilateral neural foraminal narrowing at L3-4, and mild to moderate left neural foraminal narrowing at L5-S1. Of note, patient denied gastrointestinal disturbances based on recent medical records (04/15/2014 to 06/25/2014). Treatment to date has included L4-5 decompression with interbody and instrumented fusion (2006), L3-4 lateral transpoas interbody fusion with posterior instrumentation and decompression (09/19/2011), physical therapy, TENS, trigger point injections, heat therapy, Cymbalta, Lidoderm patches, Celebrex 200mg #30 prescribed since 12/07/2012. Utilization review dated 05/15/2014 denied the request for Celebrex 200mg because the specific functional overall benefit was unclear and there was no documentation of GI problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 once daily for low back pain: 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: The 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. In this case, the patient was prescribed Celebrex 200mg #30 since 12/07/2012. There was no documentation of gastrointestinal disturbances on the recent medical records (04/15/2014 to 06/25/2014). Moreover, there was no documentation of functional improvement with Celebrex use. The long-term use of Celebrex is not consistent with guideline recommendations. Therefore, the request for Celebrex 200mg #30 once daily for the low back pain is not medically necessary.