

Case Number:	CM14-0081398		
Date Assigned:	07/18/2014	Date of Injury:	07/02/1996
Decision Date:	08/25/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 67-year-old male who reported an injury on 07/02/1996 due to an unknown mechanism. The diagnoses for the injured worker are cervicalgia and pain in thoracic spine. Past treatments for the injured worker have included medial branch blocks, rhizotomy, physical therapy, acupuncture, medications, and trigger point injections. The injured worker did state he had good pain relief from the medial branch blocks and the rhizotomy in the past. The injured worker had 3 trigger point injections, starting with the first 1 on 08/21/2013; he reported 2 days to 3 days of pain relief from that injection. The injured worker had an MRI which was not submitted for review. Past surgical history was not noted. The injured worker had a physical examination on 04/16/2014, where there were complaints of ongoing neck pain with radiation to the bilateral trapezius, the right greater than the left. The injured worker stated his pain was a 6/10 to 7/10 pain score, worse with cold weather. He stated he had transient relief from trigger point injections and felt he was stable on and benefitting from the current regimen, with increased functionality. Examination of the neck revealed tenderness in the paracervical muscles and trapezius. Muscle tone of the trapezius was increased and there was palpable tenderness on both sides. Medications listed for the injured worker were Gabapentin 300mg, Norco 10/325mg, Celebrex 200mg (1 tablet twice a day), Nortriptyline HCL 10mg, Acyclovir 400mg, and Fosamax 70mg. The treatment plan for the injured worker was to continue with trigger point injections and to continue with medications as directed. The rationale and the Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex and NSAIDs, GI Symptoms and Cardiovascular Risk and Selective COX-2 NSAIDs Page(s): 30, 68-69, 70.

Decision rationale: The request for Celebrex 200mg #60 with 3 refills is not medically necessary. The California Medical Treatment Utilization Schedule states Celebrex is the brand name for Celecoxib, and it is a non-steroidal anti-inflammatory drug (NSAID). This is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. The medical guidelines also state that, in order to take this medication, patients should not be at risk for gastrointestinal events (gastrointestinal bleeding, peptic ulcer), or at risk for cardiovascular disease, because taking NSAIDs increases the chance of high blood pressure. The recommended dose for Celebrex 200mg is once a day, or 100mg twice a day. The injured worker is taking a Celebrex 200mg tablet twice a day. This exceeds the guidelines' recommendations. Also, the request as submitted does not indicate a frequency for the medication, but it was noted in the injured worker's progress report as being taken twice a day. Details about the efficacy of the medication were not provided for review to support continuation. Therefore, the request is not medically necessary or appropriate.