

Case Number:	CM14-0081443		
Date Assigned:	07/21/2014	Date of Injury:	04/20/1998
Decision Date:	09/17/2014	UR Denial Date:	05/05/2014
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 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:

For this Independent Medical Review request, Celebrex 200 mg number 30 was the item that was non certified. The claimant was described as 67 years old with the date of injury of April 20, 1998. He had low back complaints. Per an April 18, 2014 evaluation, he had negative straight leg raises bilaterally and the deep tendon reflexes were 2+ at the knees and absent in the ankles but equal. He was post lumbar laminectomy. He was weaning the patient from morphine. It was noted that the Celebrex did not appear to be effective at improving pain or function. There was an examination from February 15, 2007; there was a qualified medical evaluation. The impression was status post anterior discectomy and fusion at L4-L5 and L5-S1 done on April 13, 2001. The claimant was status post posterior lumbar fusion and probable spinal stenosis of the lumbar spine. He had a chronic pain syndrome. He should have access to care under the guidance of his current treating physician. Medications should include analgesics, anti-inflammatories, anxiolytics, antidepressants and or anticonvulsant compounds. He will do self-directed exercises. He could need surgery. A psychiatric consult would be reasonable. There was an encounter from June 17, 2014. The problems are spondylosis without myelopathy, lumbar intravertebral disc degeneration, lumbar post laminectomy syndrome, disorder of the lumbar spine and chronic pain syndrome. He had lower extremity weakness and stiffness of the low back. There were no aberrant drug behaviors. He takes one 200 mg capsule of Celebrex a day. The assessment was lumbar post laminectomy syndrome, lumbar disc degeneration, spondylosis and chronic pain syndrome. They will schedule a detoxification program. He will continue with his MS Contin and Norco. There was a visit from July 7, 2014. The patient continues to do well in physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NSAIDS with GI issues.

Decision rationale: The ODG supports its use as a special NSAID where there is a unique profile of gastrointestinal or cardiac issues. They note it should only be used if there is high risk of GI events. The guidance is: Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk was high the suggestion was for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. There is no suggestion at all of significant gastrointestinal issues in this claimant; the request for the Celebrex is noted as criteria for appropriate usage under the evidence-based guides are not met; therefore this request is not medically necessary.