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| Case Number: | CM14-0085544 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 07/11/1997 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 05/28/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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 injured worker is represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 11, 1997. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; earlier ACL reconstruction surgery; opioid therapy; and viscosupplementation injections. In a utilization review report dated May 28, 2014, the claims administrator denied a request for Celebrex, stating that the attending provider had failed to furnish the dosage and/or amount of the drug in question. The injured worker's attorney subsequently appealed. In an April 4, 2013 progress note, the injured worker was described as having persistent complaints of low back pain status post earlier lumbar fusion surgery. The injured worker apparently had issues with obesity and knee arthritis, it was further noted. The injured worker was using Norco for pain relief, it was further noted. On April 30, 2014, the injured worker reported 7/10 knee pain. The injured worker stands 5 feet 11 inches tall and weighed 241 pounds, it was stated. The injured worker was wearing a knee brace. Viscosupplementation injection therapy, Norco, and Celebrex were endorsed. There was no mention of any issues with reflux, heartburn, dyspepsia, or prior GI issues. On November 6, 2013, the injured worker was described as using Norco for pain relief, which was reportedly providing adequate analgesia and keeping the injured worker functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex BID (Dose Unknown): 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 Anti-inflammatory Medications Page(s): 22.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex may be considered if an injured worker has a risk of GI complications. However, in this case, there is no evidence of GI complications present, which would support the provision of Celebrex, over non-selective NSAIDs such as Motrin or Naprosyn. As such, the request is not medically necessary.