

Case Number:	CM14-0089253		
Date Assigned:	07/25/2014	Date of Injury:	04/30/1998
Decision Date:	09/23/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/13/2014

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 Emergency 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 a 70 year-old female, who sustained an injury on April 30, 1998. The mechanism of injury is not noted. Diagnostics have included: Lumbar spine MRI dated July 10, 2010, reported as showing L3-4 disc protrusion. Treatments have included: medications, lumbar epidural steroid injections, lumbar hp injections. The current diagnoses are: lumbar disc degeneration, lumbar facet arthropathy and spinal stenosis, lumbar radiculopathy, bilateral sacroiliac joint sacroillitis, bilateral hip bursal pain. The stated purpose of the request for Celebrex 200mg 1 PO QD, was to provide. The request for Celebrex 200mg 1 PO QD, was denied on May 14, 2014, citing a lack of documentation of a more recent medical narrative report, a lack of documented quantity being requested and a lack of documented derived functional improvement from previous use. Per the report dated March 4, 2014, the treating physician noted complaints of pain to the low back and right hip with radiation to the lower extremities. Exam findings included normal cervical range of motion, normal neurologic exam findings. Per the report dated May 19, 2014, the treating physician noted complaints of pain to the low back, with radiation to both buttocks with numbness and tingling. Exam findings included positive Gaenslen and Patrick Fabre Tests, lumbar paraspinal muscle tenderness and positive right-sided straight leg raising test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg 1 PO QD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Celebrex 200mg 1 PO QD, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has pain to the low back, with radiation to both buttocks with numbness and tingling. The treating physician has documented positive Gaenslen and Patrick Fabre Tests, lumbar paraspinal muscle tenderness and positive right-sided straight leg raising test. The treating physician has not documented duration of treatment, current inflammatory conditions, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 200mg 1 PO QD, is not medically necessary.