MAXIMUS Federal Services

Case Number:	CM14-0089818		
Date Assigned:	09/10/2014	Date of Injury:	08/13/1987
Decision Date:	10/16/2014	UR Denial Date:	06/11/2014
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 Internal 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 69-year-old male who sustained injuries to his low back on 08/13/87. Mechanism of injury was not documented. He had failed back surgery syndrome. He was status post L4-5 discectomy in 1998 and lumbar fusion at L4-5 in 2002. AME dated 08/02/88 allowed him future medical care including MD visits medication, epidural steroid injection, and physical therapy. The injured worker is a 69-year-old male who sustained in...The injured worker has been taking Celebrex and Omeprazole with benefit. Per the submitted clinical records, the injured worker had low back pain radiating to lower extremities and objective findings of radiculopathy. The injured worker was functionally improved on his oral medications and had positive response to lumbar epidural steroid injections in the past. Utilization review determination dated 06/11/not medically necessarythe request for pain management consultation for the lumbar spine and prescription of Celebrex 200mg #30 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain Management Consultation for the Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor, and Employment page 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7 p. 127

Decision rationale: The request for Pain Management Consultation for the Lumbar Spine is recommended as medically necessary. The submitted clinical records indicate that the injured worker has a failed back surgery syndrome with increasing levels of pain. He has evidence of residual radiculopathy on examination and previously has benefited from lumber epidural steroid injections. Further, AME allows the injured worker to receive epidural steroid injections. As such, medical necessity for a Pain Management Consultation has been established.

1 Prescription of Celebrex 200 mg, #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific drug list and adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

Decision rationale: The request for prescription of Celebrex 200mg #30 with three refills is recommended as medically necessary. The submitted clinical records indicate that the injured worker has failed back surgery syndrome for which he is previously taken Celebrex 200mg QD with substantive relief and functional improvements. The record does not reflect that the injured worker is currently on any opiate medications. As such, the continuation of Celebrex would be clinically indicated reasonable and medically necessary in this patient with a failed back surgery syndrome.