

Case Number:	CM14-0092623		
Date Assigned:	07/25/2014	Date of Injury:	01/26/2005
Decision Date:	09/11/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient presents with chronic pain following a work related injury on 01/26/2005. On 4/30/2014, he complained of neck pain with no radiation. The pain is associated with spasm and aggravated by physical activities. He reported pain at 3 out of 10 without medications and 2 out of 10 with medications. The physical exam showed tenderness to palpation over the cervical spine with moderate reduction in range of motion. MRI of the cervical spine showed severe foraminal compromise and mild stenosis from C4-5 to C6-7. Electrodiagnostic studies were positive for chronic left C7 and C8 radiculopathy. A claim was made for Celebrex.

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Celebrex is a Cox-2 inhibitor nonsteroidal anti-inflammatory medication. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of

complications associate with cardiovascular disease and gastrointestinal distress. The medical records do not document the length of time she has been on Celebrex. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. Finally, there is no documentation of gastrointestinal risk requiring a cox-2 inhibitor anti-inflammatory medication; therefore the request for Celebrex 200mg # 30 is not medically necessary.