

Case Number:	CM14-0179349		
Date Assigned:	11/03/2014	Date of Injury:	03/25/2005
Decision Date:	01/12/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/29/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is 45 year old male with DOI 3/24/05. Per treating physician's report 9/16/14, the patient has back pain, stiffness, radicular pain in left leg and weakness. Pain level is 5/10. Examination on this date showed positive pelvic thrust bilaterally, FABER maneuver, palpatory tenderness from L3 to S1 hardware, myofascial pain with triggering and ropey fibrotic banding. SLR is positive left side at 45 degrees. The lists of diagnoses were: 1. s/p spinal surgery with fusion in 2010 2. Residual spinal pain axial with neuropathic radiculopathy down left leg 3. s/p ESI post-op times one and pre-operatively two times 4. Requested spinal cord stim trial, PT both denied in 2012 The treater is requesting hardware injection, medications including Norco, Celebrex and topicals. The patient's condition is temporarily totally disabled and f/u in one month. Progress report 8/15/14 has same pain in the low back. The patient has been using OTC Tylenol, topical cream from Mexico, TENS unit, and occasional Hydrocodone from Dr. S. Treatment plan is for X-rays, CT, labs, and Norco as well as Fetzima. Utilization review letter is from 10/27/14 actually authorizing the request with one refill. The current request is for refill #3. Progress reports were provided from 4/28/14 to 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Celebrex 200mg number thirty (30) with three (3) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines supports NSAIDs Page(s): 22.

Decision rationale: This patient presents with chronic low back pain with history of lumbar fusion. The request is for Celebrex 200mg #30 with 3 refills. Review of the reports show that Celebrex was first prescribed on 9/16/14 and the treater does not specifically discuss medication efficacy. The patient has been on Norco and other medication but there is lack of any discussion regarding how these medications have helped. The treater does not specifically mention why he wants the patient to start on Celebrex. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." In this case, there is no evidence that the patient has trialed other NSAIDs but the file contains only limited reports. The patient's injury dates back to 2005 and there may have been adequate trial of various NSAIDs. The use of Celebrex may be appropriate in this patient given the patient's chronic LBP, but the request is for 3 refills. The utilization review letter already authorized #30 with one refill. The additional refills are not indicated until there is adequate documentation of this medications efficacy. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request for 3 refills of Celebrex at this time is not medically necessary.