

Case Number:	CM14-0187837		
Date Assigned:	11/18/2014	Date of Injury:	08/19/2004
Decision Date:	09/02/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 72 year old male, who sustained an industrial injury on 8-19-2004. Diagnoses have included degenerative disc disease. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, lumbar support brace, acupuncture and medication. According to the progress report dated 10-30-2014, the injured worker complained of low back pain. He reported that the low back pain radiating down his right lower extremity. He described numbness and paresthesias in his right lower extremity. He reported some cramping in his calves. He rated his current pain as six out of ten. Physical exam revealed reproducible radicular pain with straight leg raise testing. There was tenderness to palpation at the lumbosacral junction. He ambulated with a mildly right antalgic gait with a straight cane. Authorization was requested 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: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-70.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2004 and continues to be treated for radiating back pain. When seen, there was lumbar spine tenderness. He had a mildly antalgic gait with use of a cane. Straight leg raising was positive. Authorization is being requested for Celebrex. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. The claimant is over 65 years old and guidelines recommend prescribing a selective COX-2 medication such as Celebrex. The maximum dose is 200 mg per day. In this case, the requested dose is within guideline recommendations and medically necessary.