

Case Number:	CM14-0194049		
Date Assigned:	12/01/2014	Date of Injury:	12/05/2006
Decision Date:	01/14/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/19/2014

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 Geriatrics and is licensed to practice in New York. 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 47-year old woman with a date of injury of 12/5/06. She was seen by her primary treating physician on 8/12/14. She reported moderate pain in her lumbar spine with radiation to the right lower extremity. She continued with a home exercise program and was walking twice daily. Her exam showed tenderness to palpation over the spine, right posterior superior iliac spine, paraspinal muscles, hamstrings and hip abductors. Her lower extremity sensation was intact and her straight leg raising was equivocal bilaterally. Her motor strength was 5/5. Her diagnoses were lumbar spine degenerative disc disease, lumbar spine strain-right> left paraspinal muscles. At issue in this review is the refill of Celebrex. Length of prior therapy was at least since 2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 1-127, 67-.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2006. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects to justify use. The Celebrex 200mg is not medically necessary.