

Case Number:	CM14-0197788		
Date Assigned:	12/09/2014	Date of Injury:	07/26/2007
Decision Date:	01/21/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 is a 69 year old female who sustained a work related injury when she walked on an uneven surface in a parking lot. The date of injury was July 26, 2007. Diagnoses include right knee meniscal tear status post arthroscopy, posttraumatic right knee medial compartment osteoarthritis, lumbosacral spinal stenosis status post laminectomy, worsening lumbosacral pain with radiating pain and weakness, left fifth metatarsal fracture, anxiety and depression. In physician's progress report dated November 5, 2014, the injured worker complained of persistent pain in the neck and lower back. She had radiating pain down to her hands with weakness and numbness down to the left leg with complete weakness and decreased sensation on the left leg. She ambulated with a cane. She rated the pain at 9-10 on a 1-10 pain scale. The pain was noted to be better with rest and medication. She was taking Neurontin for the radicular symptoms which helped her pain from 10/10 down to 5/10. She stated the Celebrex was used on an as needed basis which helped her pain from 10/10 down to a 6/10 and helped her ambulate with a cane for 30 minutes as opposed to 15 minutes without it. Physical examination of the cervical and lumbar spine revealed decreased range of motion and tenderness over the paraspinals and also trapezius muscles. There was also decreased range of motion noted to the bilateral shoulders, bilateral wrists and bilateral knees. A request was made for Celebrex 200mg. On November 21, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 Milligrams #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: The Celebrex request was non-certified on 11/21/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic 2007 injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. The Celebrex 200 Milligrams #30 is not medically necessary and appropriate.