

Case Number:	CM14-0201557		
Date Assigned:	12/11/2014	Date of Injury:	03/02/2011
Decision Date:	02/20/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/01/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 62 years old male patient who sustained an injury on 3/02/2011. The diagnoses include pain in joint shoulder, opioid type dependency, spinal stenosis and thoracic/lumbar strain. Per the doctor's note dated 9/15/2014, he had complaints of low back pain and right shoulder pain. The physical examination revealed tenderness to palpation over the lumbar paraspinal area, weakness in bilateral extensor hallucis longus, tenderness over the left greater trochanter and antalgic gait. Patient was prescribed medications including Lyrica, Norco, Percocet, Provigil, Amrix, Ambien and Celebrex. He has had MRI lumbar spine on 5/25/12 which revealed disc bulge at L4-5 and L5-S1 with disc degeneration and facet hypertrophy. He has undergone lumbar epidural steroid injection at L5-S1 on 6/26/2014. He has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Celebrex Page(s): 22; 30.

Decision rationale: Celebrex contains Celecoxib which is a non steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to California MTUS Chronic Pain Medical Treatment Guidelines, "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. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) 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..... Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen." According to the cited guidelines, Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. In addition, per the cited guidelines 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. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. Response to generic NSAIDs like ibuprofen or naproxen is not specified in the records provided. The medical necessity of Celebrex 200 mg #30 is not fully established for this patient at this time. Therefore, this request is not medically necessary.