

<b>Case Number:</b>	CM14-0203747		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	06/19/1998
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Rehab, 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:

The IW is a 62 year old man who injured his back in a work-related injury on 6/19/1998. He appears to have had a lumbar fusion with laminectomy. He has been diagnosed with post-laminectomy syndrome and extension of the fusion has been recommended. The most recent physical exam showed negative bilateral straight leg raise, 1+ knee reflexes and absent ankle reflexes. Diagnoses 1. Lumbar post laminectomy syndrome.

### 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, GI symptoms, and cardiovascular risk .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The injured worker has a long history of chronic low back pain despite surgical intervention, extended physical therapy and chronic pain management. Celebrex has been prescribed for this IW because of its clinical efficacy, opioid sparing properties and improved gastrointestinal profile. The IW's low back pain is secondary, in part, to osteoarthritis of the spine. The CA MTUS states, "Recommended at the lowest dose for the shortest period in

patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with Naproxyn being the safest drug). The medical records state the IW has a 60% relief of her pain, no adverse side effects and an improvement of ADLs. Recommendation is for authorization.

**6 aquatic rehabilitation sessions:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine. Page(s): 22; 98.

**Decision rationale:** The IW has a long history of physical and aquatic therapy for this injury. The majority of the records provided were for physical therapy. The IW has severe debilitating back pain that is treated with pain management and therapy. With therapy, the IW is able to do his ADLs. Without therapy, the IW is almost bedridden. Progress reports show PT received as frequently as every other month. For this current request, the IW had a recent increase in symptoms with significant functional decline. The CA MTUS allow 8-10 visits over 4 weeks for radiculitis. A weightless environment helps relieve the axial pressure to the IW's spine. Recommendation is for authorization.