

Case Number:	CM14-0204006		
Date Assigned:	12/16/2014	Date of Injury:	07/15/1991
Decision Date:	02/06/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	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 Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 47 year old female who suffered a work related injury on 07/15/1991. She was working as a berry picker and fell forward, almost falling on her right side, but she caught herself. Per the physician notes from 10/06/14 she complains of neck pain, low back pain, pain in the arms and legs, and numbness and tingling in the lower legs. She had physical therapy, but the last session for the low back was more than 2 ago. She had LESIs which decreased some of her pain. She is having exacerbation of her low back pain with numbness and tingling that now goes into the right buttock and second and third digits of the right foot. Diagnoses include bilateral L5 radiculopathy, right L5 vs S1 radiculopathy, lumbar spondylosis without myelopathy, and axial low back pain. The treatment plan included lumbar spine MRI and physical therapy. The requested treatment is Celebrex. This treatment was denied by the Claims Administrator on 11/26/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Celebrex 100mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 30.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states the following with regard to Celebrex: "Celebrex is the brandname for celecoxib, and it is produced by Pfizer. Celecoxib is a nonsteroidal 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. See Antiinflammatory medications. See NSAIDs (non-steroidal anti-inflammatory drugs) for specific patient decision-making criteria. Unlike other NSAIDs, celecoxib does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures." Furthermore, the following states regarding anti-inflammatory medications are noted: "Antiinflammatories 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 nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) See also Nonprescription Medications. 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, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk." In the case of this injured worker, there is no clear delineation of gastrointestinal risk factors to warrant Celebrex. Furthermore, the request for a total of five months of an anti-inflammatory medication is not considered standard of care. In pain management, more frequent follow-up is necessary to document side effects of medication and to monitor for potential adverse effects such as kidney function, cardiac side effects, or gastrointestinal side effects. This request is not appropriate as stated, and the independent medical review process cannot modify requests.