

Case Number:	CM14-0207201		
Date Assigned:	12/19/2014	Date of Injury:	08/02/1994
Decision Date:	02/18/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/10/2014

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

54 year /old male injured worker with date of injury 8/2/94 was with related right pelvis pain. Per progress report dated 11/13/14, the injured worker complained of right pelvic brim pain that radiated to the ileolumbar area without lower extremity radiation. The least pain reported was 2/10 and the worst pain 4/10. Per physical exam, there was mildly decreased lumbar lordosis and slight right concavity, slight tenderness of the pelvic brim and junction, right paravertebral tightness and spasm and no sciatic notch tenderness. Range of motion was mildly decreased, and gait was normal with intact heel and toe walking. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 12/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.
 Page(s): 70.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page70, Celebrex is used for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. It works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. The documentation submitted for review contains no evidence that the injured worker was refractory to treatment with ibuprofen or naproxen. It is noted that the injured worker was taking ibuprofen, Tylenol extra strength, as well as Celebrex. The MTUS supports the use of Cox-2 inhibitors for individuals with an increased risk or history of GI complications. The documentation did not note any history of GI complications, or risk factors for GI complications. While it is noted that NSAIDs are clinically indicated for this claimant, the requested Celebrex is not supported by the guidelines. This request is not medically necessary.