

Case Number:	CM14-0036378		
Date Assigned:	06/25/2014	Date of Injury:	07/18/2002
Decision Date:	01/20/2015	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/25/2014

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 and 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:

This is a patient with a date of injury of July 18, 2002. A utilization review determination dated March 14, 2014 recommends noncertification of a urine drug screen. Celebrex is recommended for partial certification. A progress report dated March 31, 2014 identifies subjective complaints of multifocal pain including headache, neck pain, low back pain, and bilateral hip pain. The patient is doing well in physical therapy. The note indicates that the patient is taking Celebrex 200 mg #60 and states "at risk for gastric ulcer; higher than manufacturer recommended dose." The note states that the patient's current medication regimen is the most effective analgesic medication regimen to date and should not be altered. No side effects are reported from the current regimen. Current pain medication is Norco, but there is a plan for a trial of a long-acting opiate to decrease Norco usage. Diagnoses include chronic low back pain, pain disorder, insomnia, chronic neck pain, chronic headache, and chronic bilateral hip pain. The treatment plan recommends a urine drug screen and continuation with current analgesic medications. Physical therapy and a gym membership are also requested. There was no documentation of any previous urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, GI Risks & Complications Page(s): 22 and 30.

Decision rationale: Regarding the request for Celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is no identification of a high risk of GI complications. There is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, the requesting physician has stated that the Celebrex is being prescribed above the manufacturers recommended dose, with no description as to why such a high dose would be warranted in this patient. In the absence of such documentation, the currently requested Celecoxib (Celebrex) is not medically necessary.

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is on controlled substance medication. Additionally, there is no identification of a recent urine drug screen. As such, the currently requested urine toxicology test is medically necessary.