

Case Number:	CM14-0079840		
Date Assigned:	07/18/2014	Date of Injury:	01/03/2002
Decision Date:	01/20/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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 Family 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 69-year-old male who experienced an industrial injury 01/03/02 in which he injured his low back. There were documents available for review from the insurance carrier, the utilization review organization, and another organization whom did a pre-authorization review. There were no progress notes or other reports available for review by a treating provider. The synopsis on these documents noted the worker was evaluated 09/05/13 and 10/17/13 for complaints of low back pain rated at 6-8/10 that radiated to his left leg with numbness in the left foot. At this time he reported he was unable to walk without medications and that Celebrex was not helpful for pain control, Flexeril did not help to decrease spasms, and he was attending physical therapy under his private insurance which provided great improvement in his pain. There were no objective findings noted from these visits. The patient attended a visit 04/14/14 and reported similar complaints as previously. Pain in the left side of his low back with radiation to his left leg to the calf. He described the pain as constant waxing, waning, and achy in nature but the pain became sharp at certain times. He rated his pain level as 8-9/10 without medication and 4-5/10 with medications which he noted was tolerable. The physical examination revealed ability to transfer and ambulate with minimal difficulty, low back range of motion with flexion at 90 degrees and extension at 0 degrees, right sided bending at 80 degrees, and left sided bending at 10 degrees; lower extremity strength was 4/5 on the right and 5/5 on the left, slightly decreased sensation in the lower left extremity below the knee; there was tenderness to palpation in the left quadratus lumborum muscle. Diagnoses were lumbago, spinal stenosis of the lumbar region, and degeneration of the lumbosacral intervertebral disc. Treatment plan recommendations were for him to continue taking Vicodin, Lyrica, Celebrex, and to continue his daily exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Part 2 - Pain Interventions and Treatments Page(s): 22,30,70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 1) Appendix A, ODG Workers' Compensation Drug Formulary 2) Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Celebrex 200 mg

Decision rationale: NSAIDs are recommended as an option for short-term symptomatic relief and they are indicated for acute mild to moderate pain. All NSAIDs have US Boxed Warnings for risk of adverse cardiovascular events and GI symptoms. Other disease-related concerns include hepatic and renal system compromise. Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with treatment goals. The request is not reasonable, as patient has been on long term NSAID without any documentation of significant derived benefit through prior long-term use. Therefore, the request is not medically necessary.