

Case Number:	CM15-0007304		
Date Assigned:	01/22/2015	Date of Injury:	08/02/2001
Decision Date:	03/19/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 8/2/2001. On 1/13/15, the injured worker submitted an application for IMR for review of Celebrex 200mg #30 with 3 refills. The treating physician has reported per PR-2 notes the injured worker complains of lower back pain that radiates to the legs with tingling. The diagnoses have included disc disorders of the lumbar region, lumbago, displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included chiropractic care, knee arthroscopy (2010 and 2012), and MRI lumbar (8/2012). On 12/9/14 Utilization Review non-certified Celebrex 200mg #30 with 3 refills, noting the MTUS - Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg # 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Medications for chronic pain Page(s): 22, 60-61.

Decision rationale: Based on the 07/11/14 progress report provided by treating physician, the patient presents with low back pain with tingling in the legs rated 5/10. The request is for Celebrex 200mg #30 with 3 refills. Patient's diagnosis per Request for Authorization form dated 12/02/14 included chronic lumbago, lumbar disc herniation right sided L3-4, degenerative disc disease L5-S1, and reactive discitis. The patient has received chiropractic treatment. Work status not available. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided reason for the request. Progress report with request was not provided for review. NSAID's are indicated for first line treatment to reduce pain; however, Celebrex is not indicated for all patients per MTUS. The treater does not discuss how this medication is used and with what efficacy. Treater has not discussed GI complications, nor documented that the patient was previously prescribed other oral NSAIDs. The request does not meet guideline indications. Therefore, the request is not medically necessary.