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| Case Number: | CM15-0013592 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 04/29/2009 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 01/23/2015 |

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, Hawaii
 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 60-year-old male, who sustained an industrial injury on 4/29/09. He reported initial complaints of back pain and subsequently is a status post lumbar decompression fusion with instrumentation at L4-S1 12/15/2010. Currently, per notes dated 3/9/15, the injured worker complains of continued low back pain that radiates down left leg and is worse since the last visit. The injured worker was diagnosed as having post laminectomy syndrome lumbar; lumbosacral neuritis; lumbar region sprain. Treatment to date has included TENS unit; back brace; diagnostics; lumbar fusion (12/15/10); drug toxicology screening; medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg, thirty count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2015 Web-Based Edition.

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

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Celebrex 200 mg, thirty count. The treating physician states, "Patient states he is currently taking Celebrex 200 mg 1 tab po QD and Percocet 10-325 mg 1 tab po q6 hrs. Patient states he is currently receiving 70% pain relief with current medications. Will continue Celebrex 200mg #30 for pain and inflammation." (215B) The treating physician also documents that the patient has been stable on Celebrex since at least August 2014. The MTUS guidelines state that NSAIDS are recommended for the treatment of osteoarthritis and mixed pain conditions that include neuropathic pain. In this case, the treating physician has documented that the patient has neuropathic pain, has not had any side effects to this medication, and receives some pain relief from this medication. The current request is medically necessary and the recommendation is for authorization.