

Case Number:	CM15-0014590		
Date Assigned:	03/13/2015	Date of Injury:	05/13/1982
Decision Date:	04/16/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/26/2015

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:

She reported ongoing, chronic, radiating low back pain and left lower extremity weakness. The diagnoses were noted to include post-lumbar laminectomy, and 3 low back surgeries (1982, 1983 & 1989). Treatments to date have included consultations; diagnostic imaging studies; a qualified medical evaluation (5/30/14); transcutaneous electrical stimulation unit therapy; physical therapy; modified activity level; and medication management. The work status classification for this injured worker (IW) was noted to be retired. On 1/9/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/29/2014, for a qualitative urine drug screen; and modified, for medical necessity, the request for Celebrex 200mg #60, with 1 refill - to #30, with 1 refill. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, drug testing, Celebrex, non-steroidal anti-inflammatory drugs, urine drug testing, opioids, steps to avoid misuse/addiction; and the Official Disability Guidelines, pain chapter, criteria for use of urine drug testing, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, Medications for Chronic Pain Page(s): 22, 60.

Decision rationale: The MTUS Guidelines page 22 supports NSAID 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 complaints, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risk when used for less than 3 months, but a 10-to-1 difference in cost. Progress reports note that current medications have proven beneficial and allows for satisfactory functional capacity, and stabilizing baseline pain. In this case, there is no evidence that the patient has trialed other NSAID; however, the patient's injury dates back to 1982 and there may be adequate trial of various NSAIDs. There is no documentation that the patient has a history of GI complaints. The trial use of Celebrex may be appropriate for this patient given the patient's chronic pain and continued documentation of medication efficacy, but there is no documentation that satisfies the MTUS criteria that GI complaints exist. Therefore, the request is not medically necessary.

Qualitative Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate Management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: The MTUS Guidelines page 76 under opiate management: consider the use of urine drug test is for the use of presence of illegal drugs. The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risk opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening for the first 6 months of management of chronic opiate use in low-risk patients. The medical file provided for review includes urine toxicology screenings from 12/1/14, 9/11/14, 6/11/14, and 3/12/14. There is no discussion regarding this patient being at risk for aberrant behaviors and prior screenings were consistent with the medications prescribed. ODG Guidelines allow for once yearly urine drug screens for low-risk patients that are on an opiate regimen. Therefore, the request is not medically necessary.