

Case Number:	CM15-0131184		
Date Assigned:	07/17/2015	Date of Injury:	06/26/2012
Decision Date:	09/09/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 43 year old male, who sustained an industrial injury on June 26, 2012. He reported slipping and falling on the stairs hitting the right side of his body against the stairs. The injured worker was diagnosed as having a 3mm herniated nucleus pulposus (HNP) of the lumbar spine with right sided radiculopathy, a 2-3mm posterior disc bulge at L3-L4 with compromise of the exiting nerve roots bilaterally with facet joint arthritic changes bilaterally, a 3-4mm posterior disc protrusion/extrusion at L4-L5, and a 4mm posterior disc bulge at L5-S1 with compromise of the exiting nerve roots and arthritic changes in the facet joints bilaterally. Treatments and evaluations to date have included lumbar epidural steroid injection (ESI), chiropractic treatments, an electrodiagnostic study, MRI, physical therapy, and medication. Currently, the injured worker complains of lower back pain with pain and numbness radiating into his right lower extremity to the level of his right knee. The Primary Treating Physician's report dated June 22, 2015, noted the injured worker underwent a lumbar epidural steroid injection (ESI) on June 16, 2015, with his pain and function improved during the day, with continued difficulty sleeping at night due to his pain. The injured worker was noted to be working full time at his usual and customary duties. The injured worker was noted to be using two Celebrex a day for pain and inflammation, denying any side effects, and reporting functional improvement and improvement in his pain with his medication regimen. The injured worker rates his pain at a 5 to 6 with the use of his medication, and an 8 without his medication, on a scale of 1 to 10. Physical examination was noted to show tenderness over the right paraspinal musculature with muscle spasm and myofascial trigger points noted. Increased lower back pain was noted at the extremes of lumbar flexion and extension. Decreased sensation

to light touch was noted over the right L4, L5, and S1 nerve root, with a positive right sided seated straight leg raise. The treatment plan was noted to include a request for an extension for chiropractic treatments for the low back, and a prescription for Neurontin and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 with 2 refills (Rx: 06/22/15) #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Pain chapter, Celebrex.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 30, 67, 68, and 70.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. 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". The guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for chronic low back pain as an option for short-term symptomatic relief, and for osteoarthritic pain recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is a non-steroidal anti-inflammatory drug that directly targets the enzyme responsible for inflammation and pain. The documentation provided noted the injured worker reported improved pain and function with use of his Celebrex, however there was no documentation of the injured worker's gastrointestinal (GI) risk factors or inflammation that would indicate the need for Celebrex. The injured worker was noted to have been using the Celebrex since August 2014, without documentation of improvement in specific activities of daily living (ADLs). The injured worker was noted to have a reduction in pain with the current medication on June 22, 2015; however, the injured worker had also received a lumbar epidural steroid injection (ESI) on June 16, 2015, which was noted to have improved his pain and function. Based on the guidelines, the request for Celebrex 200mg #60 with 2 refills (Rx: 06/22/15) #180 is not medically necessary.