

Case Number:	CM15-0131777		
Date Assigned:	07/20/2015	Date of Injury:	10/08/2007
Decision Date:	08/13/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on 10/08/2007. The medical records did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include spinal cord injury, degenerative disc disease, migraine headache, and gastroesophageal reflux (GERD). Currently, she complained of recent falls with pain in the knees and lower back. Pain was rated 6/10 VAS. On 6/10/15, the physical examination documented tender lumbar muscles with knots. The plan of care included Celebrex 200mg capsules, one capsule by mouth daily, #30 with eleven refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 Refill: 11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. Long-term use is not recommended and long-term need or clinical response cannot be predicted. The claimant had already been on NSAIDS for years. The Celebrex with 11 refills is not medically necessary.