

Case Number:	CM15-0133462		
Date Assigned:	07/21/2015	Date of Injury:	03/14/2015
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/10/2015

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, Indiana, 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 57-year-old male patient who sustained an industrial injury on 03/14/2015. The injured worker initially worked as a hotel houseman, and a club attendant for a hotel while he was pulling a food cart down a slight slope the cart tilted and an edge hit the injured worker on the back resulting in injury. An orthopedic evaluation dated 04/02/2015 reported present subjective complaint of having low back, right distal thigh and knee pain. Since the injury he has not been working. The treating diagnoses were lumbosacral contusion/strain, and right thigh, knee, and left thumb. He was prescribed a modified working duty, course of physical therapy, and a walker and cane to utilize for ambulation. Radiography testing done on 03/18/2015 revealed the right knee and thigh with a severe strain of the vastus intermedius muscle with a minor interstitial tear in the distal tendon fibers at the junction, and a small hematoma in the distal muscle fibers of the vastus intermedius. The following diagnoses were applied: lumbar radiculopathy, acute, lumbago, strain of the right quadriceps muscle, and a forearm contusion. The plan of care involved: recommendation for a lumbar spine magnetic resonance imaging scan is performed, prescribed Mobic, put physical therapy session on hold and remain totally temporarily disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 2 refills: 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 NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #30 with 2 refills is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX 2 non-steroidal anti-inflammatory drugs have fewer side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non-selective non-steroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnoses are traumatic compression fracture L1 vertebrae; lumbar spondylosis; lumbar radiculopathy acute; strain right quadriceps muscle; and forearm contusion. The date of injury is March 14, 2015. Request for authorization is dated June 12, 2015. According to an April 2, 2015 progress note, the injured worker sustained injury to his back and knee. An MRI showed an L-1 fracture. The treatment plan consisted of conservative treatment. The injured worker started on Mobic 7.5 mg. If follow-up progress note dated, May 7, 2015 stated Celebrex 200 mg was started. There was no clinical indication or rationale for Celebrex noted in the medical record. The most recent progress note dated June 9, 2015 shows Celebrex was to be refilled. There were no instructions for use in the treatment plan. Patients with no risk factors and no cardiovascular disease may use non-selective non-steroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). There is no documentation of risk factors and no cardiovascular disease documented in the medical record. There is no documentation of failed nonselective non-steroidal anti-inflammatory drug use in the medical record. Consequently, absent clinical documentation with failed first-line (nonselective) non-steroidal anti-inflammatory drug use and a clinical indication and rationale for Celebrex, Celebrex 200 mg #30 with 2 refills is not medically necessary.