

Case Number:	CM15-0133647		
Date Assigned:	07/21/2015	Date of Injury:	09/28/2010
Decision Date:	08/20/2015	UR Denial Date:	06/12/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44 year old female with a September 28, 2010 date of injury. A progress note dated June 1, 2015 documents subjective complaints (significant loss of sleep due to pain; pain rated at a level of 8-10/10), objective findings (unable to sit in a stable position, moved continuously and bore weight on her arms; loss of balance; pain with toe walking on the right; pain with heel walking on the right; unable to balance on left leg; sitting upright limited by the severity of pain; lumbar facet maneuvers increased pain; decreased range of motion of the lumbar spine; tenderness of the lumbar sacral junction, sacroiliac joint; painful range of motion of the lumbar spine; decreased range of motion of the left hip), and current diagnoses (lower back facetogenic pain; lower back pain with left sided radicular symptoms; left hip pain, bursitis and piriformis muscle spasm; sacroiliac joint dysfunction; urinary hesitancy and urgency; depression related to chronic pain opioid induced constipation; trapezius muscle spasm related to lumbar muscle spasm; carpal tunnel syndrome; right shoulder rotator cuff tear impingement). Treatments to date have included medications, electromyogram that revealed borderline L5-S1 radiculopathy, sacroiliac joint injection, and left hip injection. The treating physician documented a plan of care that included Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Celebrex.

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. The ODG states "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." Within the documentation available for review, there is indication that Celebrex is providing 50% analgesic benefits per a note dated April 20, 2015. However, it is not apparent from the notes that the patient has trialed non-selective NSAIDs such as ibuprofen, diclofenac, etc. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events. Given this, the currently requested Celebrex is not medically necessary.