

Case Number:	CM15-0136277		
Date Assigned:	07/24/2015	Date of Injury:	02/18/2012
Decision Date:	08/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/14/2015

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: Pennsylvania, Ohio, 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:

The injured worker (IW) is a 61-year-old male who sustained an industrial injury 02/18/2012. Diagnoses/impressions include thoracic herniated nucleus pulposus at T7-8; thoracic radiculopathy; cervical fusion; cervical radiculopathy; and chronic low back pain. Treatment to date has included medications, physical therapy, acupuncture, left jaw steroid injection and thoracic epidural steroid injection. Electrodiagnostic testing 9/15/14 showed mild sensory median mononeuropathy at the bilateral wrists and mild right ulnar mononeuropathy at the cubital tunnel. According to the progress notes dated 2/25/15, the IW reported experiencing increasing thoracic pain following the thoracic epidural steroid injection on 1/26/15, lasting one week. He complained of continuing severe, intermittent thoracic spine pain. Ibuprofen and Naprosyn were helpful for the pain, but he complained of severe heartburn; hydrocodone reduced his pain, but was excessively sedating. On examination, he was in moderate discomfort. Cervical range of motion was mildly limited in all planes. There was moderate left-sided cervical paraspinal muscle tenderness. Lumbar flexion was limited to 60 degrees and there was moderate left-sided lumbar paraspinal tenderness. A request was made for Celebrex 200mg, #30 for trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. This guideline recommends a Cox-2 inhibitor (such as Celebrex) over a traditional NSAID if there is a particular risk of GI complications but not for the majority of patients. The records in this case do discuss a history of NSAID-related GI symptoms. A prior physician review states that there was no documentation of effectiveness of Celebrex; that reviewer may not have had access to the full medical record, which does document an initial trial of Celebrex in February 2015 and improvement thereafter. This request is medically necessary.