

Case Number:	CM15-0140366		
Date Assigned:	07/30/2015	Date of Injury:	04/30/1998
Decision Date:	09/02/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 30, 1998. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for Celebrex. The claimant referenced an RFA formed received on June 19, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten noted dated June 12, 2015, difficult to follow, not entirely legible, the applicant reported severe low back and wrist pain. Celebrex was continued, seemingly without any discussion of medication efficacy. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place. On April 3, 2015, the applicant reported ongoing complaints of low back and wrist pain. The applicant had comorbidities including diabetes, it was reported. Celebrex was prescribed. Permanent work restrictions were renewed. It was not explicitly stated whether the applicant was or was not working with said limitations in place, although this was not explicitly stated. In a handwritten note dated May 15, 2015, the applicant was asked to remain off of work owing to multifocal complaints of low back, hip, and wrist pain. Medication selection and medication efficacy were not discussed or detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex (Unspecified dosage/quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: No, the request for Celebrex, a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are indicated in applicants at heightened risk for development of GI complications, here, however, the applicant was described as having a negative gastrointestinal review of systems on an April 3, 2015 progress note. A clear rationale for provision of Celebrex in favor of non-selective NSAIDs such as Motrin and naproxen was not furnished on the date Celebrex was seemingly initiated, on April 3, 2015. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines further stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the handwritten progress note of June 12, 2015 did not incorporate any discussion of medication efficacy. It was not stated whether or not ongoing usage of Celebrex was or was not effective. An earlier note of May 15, 2015 suggested that the applicant was off of work on that date and continued to report issues with back, hip, and wrist pain. It did not appear, in short, that ongoing usage of Celebrex had generated functional improvement in terms of the parameters established in MTUS 9792.20e. Therefore, the request was not medically necessary.