

Case Number:	CM15-0141400		
Date Assigned:	07/31/2015	Date of Injury:	05/01/2013
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/21/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 36 year old male, who sustained an industrial injury on May 1, 2013. He reported that while he was attempting to put a concrete block on a cart, the cart started rolling away when he felt a sudden sharp pain in his lower back. The injured worker was diagnosed as having lumbosacral strain, lumbar degenerative disc disease with facet arthropathy and effusion, lumbar radiculitis or radiculopathy, and backache, not otherwise specified. Treatments and evaluations to date have included x-rays, physical therapy, acupuncture, MRI, chiropractic treatments, and medication. The injured worker reports chronic progressive lower back pain with depression and poor quality of sleep. The Treating Physician's report dated June 25, 2015, noted the injured worker rated his pain with medications as a 5 on a scale of 1 to 10, and 8 on a scale of 1 to 10 without his medications. The injured worker's activity level was noted to have remained the same, with medications working well. The injured worker's current medications were listed as Celebrex, Neurontin, and Ultram. Physical examination was noted to show the lumbar spine with a loss of normal lordosis with restricted range of motion (ROM) and tenderness to palpation of the bilateral paravertebral muscles and positive bilateral lumbar facet loading. A MRI was noted to show an annular tear. The injured worker was noted to have required more medication over the previous month, allowing him to care for his 15 year old daughter and perform household tasks. The treatment plan was noted to include a re-request for a psychologist consultation and continued medications including Celebrex, Ultram, and Neurontin. The injured worker's work status was noted to be permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 30, 67-68, 70.

Decision rationale: Celebrex (Celecoxib) is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." The guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for chronic low back pain as an option for short term symptomatic relief, and for osteoarthritic pain recommended at the lowest dose for the shortest period in patients with moderate to severe pain, with no evidence of long-term effectiveness for pain or function. Although anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, long-term use may not be warranted. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking non-steroid anti-inflammatory drugs (NSAIDs) with package inserts for NSAIDs recommending periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended. The injured worker was noted to have been prescribed Celebrex since at least August, 2014, exceeding the recommendation for use in the shortest period. The injured worker was noted to have needed to increase his medications over the previous month, without documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific self-care activities of daily living (ADLs), work status, or dependency on medical treatment with the use of the Celebrex. No laboratory evaluations were included in the documentation provided, nor was there an indication that the physician was monitoring the injured worker's liver or renal functions. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Celebrex. The request is not medically necessary.