

Case Number:	CM15-0146641		
Date Assigned:	08/07/2015	Date of Injury:	09/03/2008
Decision Date:	09/03/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/28/2015

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

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 43 year old male, who sustained an industrial injury on September 3, 2008. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, TENS unit, ankle and back brace, heat and cold therapy, modified activity, myelogram, MRI, electrodiagnostic study, psychotherapy, ankle and foot injections, surgery, assistive device (cane) and nerve block. Currently, the injured worker complains of left sided, low back pain that radiates down the left leg to his left foot, and left ankle and foot pain. The injured worker is currently diagnosed with tarsal tunnel arthrosis, Achilles tendonitis and retro-achilles bursitis. The injured worker is currently working. In a note dated March 31, 2015, it states the injured worker experienced pain relief from the nerve block; however, he still experienced pain with left ankle range of motion and palpation. In a note dated June 23, 2015, it states the TENS unit that the injured worker has access to is not strong enough to help reduce pain symptoms. The therapeutic response to heat and cold therapy and the ankle and back braces was not included in the documentation. The medication, Celebrex 200 mg #30 is requested to assist with reducing the inflammatory process as well as reduce pain.

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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have adequately addressed the indication to continue this NSAID for this injury as there are functional efficacy derived from treatment rendered inabling the patient to continue functioning and working. The Celebrex 200mg #30 is medically necessary and appropriate.