

Case Number:	CM15-0149344		
Date Assigned:	08/12/2015	Date of Injury:	07/19/2012
Decision Date:	09/10/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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: 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 injured worker is a 50-year-old female, who sustained an industrial injury on July 19, 2012. She reported injuries to her left hand, left wrist, lumbar spine and buttocks. The injured worker was diagnosed as having contusion of hand, sprain or strain of wrist, contusion of buttock and sprain or strain of lumbar region. Treatment to date has included diagnostic studies, epidural steroid injections, brace and medications. On March 31, 2015, she received an injection, which provided her 70% relief for her back and left leg. On July 8, 2015, the injured worker reported her pain level to be unchanged since a prior exam. The area of pain was not indicated. She rated her pain as an 8 on a 1-10 pain scale without medications and as a 5 on the pain scale with medications. Her quality of sleep was poor and her activity level was noted to be decreased. The treatment plan included medications, a trigger finger injection and pain psychology consultation. On July 21, 2015, Utilization Review non-certified the request for Celebrex 200 mg, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 1 refill: 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 Section, NSAIDs, Specific Drug List and Adverse -Effects Section Page(s): 22, 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Per the MTUS Guidelines, the use of selective COX-2 NSAIDs such as Celebrex is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylosis. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. She is also using an NSAID pain patch. A prior review has previously denied the request for Celebrex citing that the injured worker is using it for chronic pain. The request for Celebrex 200mg #30 with 1 refill is determined to not be medically necessary.