

Case Number:	CM15-0163866		
Date Assigned:	09/01/2015	Date of Injury:	08/31/2011
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/20/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 44 year old female, who sustained an industrial injury on 8-31-2011. The injured worker was diagnosed as having lumbar discogenic pain and lumbar spine myofascial pain. Treatment to date has included diagnostics, epidural steroid injection, and medications. Currently (7-08-2015), the injured worker complains of low back pain with radiation symptoms to the lower extremities. Pain was rated 2-3 out of 10 with medications and 9-10 without. Medications allowed her to walk around and be active for longer periods of time. Current medications included Amitriptyline, Neurontin, and Celebrex. Exam noted tenderness to palpation over the lumbar paraspinal musculature. The treatment plan included continued medications. Her work status was with restrictions. It appeared that Celebrex was prescribed on 5-13-2015, at which time pain levels were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the documentation available for review, there is no indication that Celebrex specifically is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. It is noted that the patient is taking multiple medication for pain relief and objective improvement. In 2014 while the patient was taking Amitriptyline, which is still being used, there was subjective benefit in pain and function. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events with no cardiovascular disease. In the absence of such documentation, the currently requested Celebrex is not medically necessary.