

Case Number:	CM15-0181729		
Date Assigned:	09/23/2015	Date of Injury:	02/03/2011
Decision Date:	11/03/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/15/2015

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 56 year old female, who sustained an industrial injury on 2-3-11. She reported back pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, cervical spinal stenosis, lumbago, and lumbar post-laminectomy syndrome. Treatment to date has included L3-5 radiofrequency ablation, trigger point injections, L4-5 microdiscectomy, C5-6 fusion, cervical epidural steroid injections, physical therapy, TENS, home exercise, acupuncture, and medication including Naproxen. The treating physician noted "Naproxen is no longer helping her. The injured worker was not able to work, perform household chores, yard work, shopping, socialize with friends, participate in recreational activities, and exercise due to her pain." Physical examination findings on 8-4-15 included restricted cervical range of motion with tenderness and trigger points noted in the paravertebral muscles. Spurling's maneuver caused radicular symptoms in the left arm. Lumbar range of motion was restricted with positive bilateral facet loading, spasms, tenderness, and tight muscle bands. Straight leg raising, Faber's test, and Wadell's signs were negative. Currently, the injured worker complains of cervical and lumbar spine pain. The treating physician requested authorization for a trial of Celebrex 200mg #60. On 9-9-15, the request was non-certified; the utilization review physician noted "gastrointestinal risk factors that would indicate the use of Celebrex instead of a nonselective NSAID are not documented and not identified on peer to peer."

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The current request is for Trial Celebrex 200MG #60. The RFA is dated 08/04/15. Treatment to date has included L3-5 radiofrequency ablation, trigger point injections, L4-5 microdiscectomy, C5-6 fusion, cervical epidural steroid injections, physical therapy, TENS, home exercise, acupuncture, and medications. The patient is TDD. MTUS Guidelines, Anti-inflammatory medications section, page 22, has the following: COX-2 inhibitors (e.g., 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, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk. Per report 08/04/15, the patient has tapered off MR Contin and is only taking Percocet. The patient also reported that Naproxen is not working, and the treater discontinued the medication. The treater recommended a "trial of Celebrex and start at a low dose first and reassess her pain levels afterwards." In regard to the request for Celebrex, this patient does not meet guideline criteria. There is no history of GI complications, or upset stomach attributed to first-line NSAID medications. MTUS guidelines state that Celebrex is indicated in patients with a history of GI complications and not recommended for the majority of patients due to high cost. Without a documented history of GI upset secondary to NSAID use or other GI complications, the medical necessity of this medication cannot be substantiated. The request is not medically necessary.