

Case Number:	CM15-0188310		
Date Assigned:	09/30/2015	Date of Injury:	07/16/2013
Decision Date:	11/09/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	09/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 31-year-old male with a date of injury on 7-16-13. A review of the medical records indicates that the injured worker is undergoing treatment for neck, back and knee pain. Progress report dated 8-13-15 reports follow up appointment. He still needs to see pain management and was approved for physical therapy for the cervical spine. He reports stomach upset and dark stools on the anti-inflammatory he was taking and was advised to discontinue. Objective findings: negative spurlings and foraminal compression tests bilaterally, he has markedly positive straight leg raising signs and has back pain with all of the testing. Treatments have included: medication, physical therapy, lumbar microdiscectomy (2013). Request for authorization dated 8-13-15 was made for Celebrex 200 mg quantity 30 with 2 refills. Utilization review dated 9-12-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 2 refills: 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, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: Celebrex 200mg #30 with 2 refills is not medically necessary per the MTUS Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has dark stools and abdominal complaints. 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. The request for continued Celebrex with 2 refills is not medically necessary as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The documentation indicates that the treating physician wants the patient to see a gastroenterologist. Given the history of dark stools and abdominal complaints, the continuation of Celebrex is not medically necessary.