

Case Number:	CM15-0189446		
Date Assigned:	10/01/2015	Date of Injury:	03/24/2014
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/25/2015

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: Colorado

Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 03-24-2014. He has reported subsequent left foot pain, low back and bilateral lower extremity pain and was diagnosed with lumbar disc degeneration, chronic pain and lumbar facet arthropathy. Lumbar radiculitis, lumbar spinal stenosis and left ankle pain status post left ankle surgery. MRI of the lumbar spine on 01-07-2015 showed severe degenerative disc disease and dehydration at the L1-L2 interspace and 3 mm central protruded disc, 3 cm protruded disc at L2-L3 interspace and bilateral facet arthropathy at L3-L5 interspace. Treatment to date has included pain medication and aqua therapy which were noted to have failed to significantly relieve the pain. Work status was documented as off work. In progress notes dated 05-21-2015, 07-01-2015 and 07-31-2015, the injured worker reported constant low back pain radiating to the bilateral lower extremities that was rated as 8-10 out of 10 both with and without medications. The injured worker also reported frequent gastrointestinal upset and moderate constipation. The physician indicates that none of the medications helped to relieve pain and that pain had recently worsened in one section of the 07-01-2015 and 07-31-2015 reports and in another section of these reports indicates that the injured worker reported that the use of opiate and non-opiate pain medications were helpful. Objective examination findings on 05-21-2015, 07-01-2015 and 07-31-2015 revealed tenderness to palpation of the spinal vertebral area in the L4-S1 levels, significantly increased pain with flexion and extension, facet signs present in the lumbar spine bilaterally, decreased sensitivity to touch in the bilateral lower extremities, positive straight leg raise in the seated position on the right for radicular pain at 50 degrees, tenderness to palpation of the left foot and decreased range

of motion of the lower extremities due to pain. A request for authorization of Celecoxib 200 mg daily quantity 30 was submitted. As per the 09-10-2015 utilization review, the request for Celecoxib was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib 200mg daily quantity 30: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Celecoxib (Brand Name Celebrex) is a COX-2 selective inhibitor. (COX-2 is an enzyme responsible for inflammation and pain.) Celecoxib is a selective non-steroidal anti-inflammatory drug. It does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral. Non-steroidal anti-inflammatory drugs are recommended as second line treatment, after acetaminophen, for acute and chronic back pain. Non-steroidal anti-inflammatory drugs have no evidence-based indication for use in neuropathic pain. There is no clear evidence that Non-steroidal anti-inflammatory drugs are superior to acetaminophen in treatment of pain, and Non-steroidal anti-inflammatory drugs have more side effects than acetaminophen. Because Non-steroidal anti-inflammatory drugs can cause GI side effects as well as hypertension, renal effects and cardiovascular effects, patient should be screened for risk factors prior to use of Non-steroidal anti-inflammatory drugs. Per the guidelines, patient risk for gastrointestinal events should be determined: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). If patient has no risk factors for gastrointestinal events, and no cardiovascular disease, then a Non-selective Non-steroidal anti-inflammatory drug is recommended. (Ibuprofen/Naprosyn, etc.) There is no evidence to suggest that one Non-steroidal anti-inflammatory drug, even Celecoxib, is better than another for pain relief. However, Celecoxib does have fewer GI side effects. When using non-steroidal anti-inflammatory drugs, it is recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. For the patient of concern, the records supplied do not indicate that his current regimen, which includes Celebrex, has in any way helped his pain or function. Consistently in the prescriber's notes, the patient's pain is rated 8-10 / 10 with or without medications and functional assessments indicate moderate functional disability, or worse. Also, the record indicates patient continues to have frequent gastrointestinal symptoms despite using Celebrex and Protonix, instead of non-selective NSAID. As the patient has no documented improvement in pain or function with current medications over at least the last 6 months, including the Celebrex, the Celebrex is considered not medically necessary.