MAXIMUS Federal Services

Case Number:	CM15-0191098		
Date Assigned:	10/05/2015	Date of Injury:	04/02/2013
Decision Date:	11/19/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/29/2015

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:

This injured worker is a 48 year old male, who sustained an industrial injury on 04-02-2013. The injured worker was diagnosed as having right foot claw toe-hammertoe - deformities-now involving DIP joints-status post surgical reconstruction, left foot - deformities- status post-surgical reconstruction, status post left foot triple arthrodesis, right foot calcaneus -cuboid joint arthritis and bilateral ankle stiffness. On medical records dated 04-13-2015, the subjective complaints were noted as being post op and having persistent pain in feet and ankles, as well as his left knee. Objective findings were noted as left and right foot with multiple healed incisions. Mild swelling diffusely around both feet and ankles, pain over the surgical site on the left foot under both arches and over the anterior aspect of both ankles. Range of motion was decreased in bilateral feet and ankles. Treatments to date included medication, physical therapy and surgical interventions. Current medications were listed as Celebrex, Clonazepam, Docolace, Neurontin, Vistaril, Senna, Restoril, Ultram, Percocet, Zovirax, Vyvanse, Prilosec, Glucotrol, Glucophage, and OxyContin. The Utilization Review (UR) was dated 09-08-2015. A request for Post-operative Celebrex 200mg, #60 was submitted. The UR submitted for this medical review indicated that the request for Post-operative Celebrex 200mg, #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Celebrex 200mg, #60: Overturned

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, specific drug list & adverse effects, NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: The use of NSAIDs are 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. In this case, there is documentation that the injured worker experiences GI complications from the use of first-line NSAIDs, therefore, the request for post-operative Celebrex 200mg, #60 is determined to be medically necessary.