

Case Number:	CM15-0192300		
Date Assigned:	10/06/2015	Date of Injury:	07/06/2010
Decision Date:	11/16/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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: Massachusetts

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

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 48 year old male with a date of injury on 07-06-2010. The injured worker is undergoing treatment for lumbar spine strain, lumbar spine disc injury, L4-L5 disc bulges, and lumbar spine radiculopathy. A physician progress note dated 08-19-2015 documents the injured worker complains of continued pain and discomfort involving his lower back. His pain radiates down both lower extremities and it is not improving. He has decreased lumbar spine range of motion and straight leg raise is positive. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic session, acupuncture, epidural steroid injections, facet injections, and radiofrequency ablation. Current medications include Tylenol #3, Gabapentin, Celebrex (since at least 03-02-2015), Prilosec, and Flexeril. On 09-01-2015 Utilization Review non-certified the request for Celecoxib 200mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib 200mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in July 2010 and is being treated for low back pain with bilateral lower extremity radiating symptoms with injury occurring while moving cases of soda. His past medical history includes gastroesophageal reflux disease and borderline hypertension. A functional restoration program is being considered. In April 2015 he underwent a lumbar epidural steroid injection. When seen, he had low back pain and discomfort. There was decreased lumbar range of motion with positive straight leg raising. Medications were continued. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, there is a history of gastroesophageal reflux disease and the claimant has chronic persistent low back pain. Guidelines recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib). The usual maximum dose is 200 mg per day. The dose prescribed is consistent with that recommended. The request is medically necessary.