

Case Number:	CM15-0203305		
Date Assigned:	10/20/2015	Date of Injury:	07/18/2013
Decision Date:	12/04/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, New York, 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:

The applicant is a represented 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 18, 2013. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve a request for Celebrex. The claims administrator referenced an August 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 21, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg with derivative complaints of mood disturbance. The applicant developed GI disturbance with Motrin, the treating provider reported. Celebrex was endorsed, while the applicant was placed off of work, on total temporary disability. The attending provider reiterated the applicant had developed dyspepsia on multiple NSAIDs, including Motrin and Naprosyn. The request for Celebrex was seemingly framed as a first-time request for the same. There was no mention of the applicant using Celebrex on an earlier note dated July 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex #60 (take with food twice a day): 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): Anti-inflammatory medications.

Decision rationale: Yes, the request for Celebrex, a COX-2 inhibitor, was medically necessary, medically appropriate, and indicated here As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitor such as Celebrex are indicated in applicants who are heightened risk for development of GI complications. Here, the attending provider reported the applicant had developed dyspepsia with non-steroidal NSAIDs to include Motrin and Naprosyn. Introduction of Celebrex, COX-2 inhibitor was, thus, indicated on or around the date in question. Therefore, the first-time request for Celebrex was medically necessary.