

Case Number:	CM15-0203784		
Date Assigned:	10/20/2015	Date of Injury:	04/04/2012
Decision Date:	12/02/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 57 year old female injured worker suffered an industrial injury on 4-4-2012. The diagnoses included left lumbar laminotomy and discectomy and persistent stenosis, sciatica with possible recurrent disc herniation associated with foraminal stenosis. On 6-15-2015 the provider added Celebrex as an anti-inflammatory. On 9-28-2015 the treating provider reported the lumbar spine had limited range of motion and deep tendon reflexes were unobtainable. He reported Lyrica had been the only medication that had been helpful to her. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications and no evidence of functional improvement with treatment. The Utilization Review on 10-6-2015 determined non-certification for Celebrex 200 MG Qty 30 with No Refills and modification for Lyrica 50 MG Qty 60 with 3 Refills to 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG Qty 30 with No Refills: Upheld

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

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: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 70 states that Celecoxib (Celebrex) is for use with patients with signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. 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. According to the ODG, pain section, a large systematic review of available evidence on NSAIDs confirms that naproxen and low-dose ibuprofen are least likely to increase cardiovascular risk. Celecoxib (Celebrex), on the whole, had a slightly increased risk of cardiovascular events at low and high doses, although there were few studies testing doses 200 mg/day. Celecoxib, especially at doses 400 mg/day, should be avoided in patients at high risk of cardiovascular disease. In this case the exam note does not demonstrate any evidence of osteoarthritis, rheumatoid arthritis or ankylosing spondylitis. Nor is there documentation of previous history of gastrointestinal complication. The exam note from 9/28/15 documents an upset stomach from Lyrica, but no diagnosed gastrointestinal condition. In addition there is no documentation of a failure of first line NSAID's with a safer side effect profile. Therefore the criteria set forth in the guidelines has not been met and the request is not medically necessary.

Lyrica 50 MG Qty 60 with 3 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): Antiepilepsy drugs (AEDs).

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 19, Specific Anti-Epilepsy Drugs, Pregabalin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam notes from 6/15/15 and 9/28/15 do not demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore medical necessity has not been established, and therefore the request is not medically necessary.