

Case Number:	CM15-0205433		
Date Assigned:	10/22/2015	Date of Injury:	12/18/2014
Decision Date:	12/14/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/20/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 40 year old male, who sustained an industrial-work injury on 12-18-14. He reported initial complaints of back pain. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy and sciatica. Treatment to date has included medication, physical therapy, and bracing. Currently, the injured worker complains of back and left leg pain rated 4-5 out of 10 with medication and 7 out of 10 without medication. Pain was progressively getting worse. He was working full duty. Medications included Celecoxib 200 mg one daily as needed for pain and Gabapentin 300 mg at bedtime as needed for leg pain. Per the primary physician's progress report (PR-2) on 8-27-15, exam noted positive straight leg raise on left side, positive facet tenderness and spasms, limited range of motion, slightly diminished sensory in the left S1, 2+ deep tendon reflexes, and strength was 4 out of 5. Current plan of care includes diagnostic imaging and mediations. The Request for Authorization requested service to include Celecoxib 200mg #30 one daily as needed for pain with 2 refills. The Utilization Review on 10-3-15 denied the request for Celecoxib 200mg #30 one daily as needed for pain with 2 refills, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib 200mg #30 one daily as needed for pain with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Guidelines recommend GI prophylaxis medication or a cox 2 selective agent if the patient is at intermediate risk for GI events. In this case, the patient is not greater than 65 years and has no documented history of PUD, GI bleed or perforation. There is no documentation of taking concurrent aspirin, corticosteroids or anticoagulants. Thus a cox 2 selective agent is not medically necessary and appropriate. The request for Celecoxib 200 mg #30 is not medically necessary.