

Case Number:	CM15-0207102		
Date Assigned:	10/27/2015	Date of Injury:	02/27/2009
Decision Date:	12/08/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/21/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 58-year-old male, who sustained an industrial injury on 02-27-2009. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for bulging lumbar disc, and post-lumbar laminectomy syndrome. Medical records (04-24-2015 to 10-12-2015) indicate ongoing and increasing low back and left leg pain. Pain levels were rated - 78 out of 10 in severity on a visual analog scale (VAS). Pain level was reported to be reduced from 9-10 out of 10 without medications to 7 out of 10 with Norco (lasting about 3 hours). Records also indicate no changes in activity level or level of functioning. The IW's work status was not specified on the latest PR. The physical exam, dated 10-12-2015, revealed a left antalgic gait, inability to heel-toe walk, diminished sensation in the left L4-S1 dermatomes, tenderness to the lumbar region, positive facet loading, positive straight leg raise on the left, and decreased flexion and extension in the left knee. Relevant treatments have included: lumbar laminectomy, physical therapy (PT), epidural steroid injections (failed), work restrictions, and pain medications (Celebrex since at least 02-2015). The request for authorization (10-13-2015) shows that the following medication was requested: Celebrex 200mg #60. The original utilization review (10-15-2015) non-certified the request for Celebrex 200mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

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

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

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was record of chronic and regular Celebrex use. However, there was insufficient reporting found stating how effective this medication was at reducing pain and improving function independent of the other medications used for pain. In addition, the Guidelines do not recommend chronic use of any NSAID due to the potential side effects, especially in someone with a history of gastrointestinal problems/symptoms such as in the case of this worker. Therefore, this request for renewal of Celebrex will be considered medically unnecessary.