

Case Number:	CM15-0207117		
Date Assigned:	10/23/2015	Date of Injury:	07/25/2012
Decision Date:	12/04/2015	UR Denial Date:	10/09/2015
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 52 year old female, who sustained an industrial injury on 07-25-2012. A review of the medical records indicates that the worker is undergoing treatment for gastroesophageal reflux exacerbated by Ibuprofen, nausea secondary to medications, cervical degenerative disc disease, cervical radiculopathy, right shoulder degenerative joint disease and insomnia. Treatment has included Ultram, Ibuprofen, Zanaflex, Prilosec, application of ice, heat, physical therapy and massage. Subjective complaints (07-06-2015) were documented as "not too good, I have had some bad muscle spasms." Subjective complaints (09-28-2015) were documented as "I saw the shoulder doctor in Santa Rosa who really would like me to see a neck surgeon. However, I feel basically the same right now." Subjective complaints (10-07-2015) included an upset stomach from Ibuprofen, dark stool and reflux symptoms. The worker was noted to be taking Prilosec daily. Objective findings (07-06-2015, 09-28-2015 and 10-07-2015) included 1-6 out of 10 pain although the location of pain was not specified. No other abnormal objective findings were noted and there was no detailed objective examination of body systems documented. On 10-07-2015, the treatment plan included discontinuing anti-inflammatory medications for seven days, increasing the dosage of Prilosec and prescription of Celebrex, which would not begin until she was off Ibuprofen for seven days. A utilization review dated 10-09-2015 modified a request for Celebrex from Celebrex 50 mg #60 times 3 refills to certification of Celebrex 50 mg #60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 50mg #60 times 3 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 (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 the worker using ibuprofen chronically leading up to this request, although how often and how much was taken was not clearly documented. A request for Celebrex was made, presumably for the purpose to see if it would contribute less to GERD symptoms. Regardless, this ongoing regular use of any NSAID (selective or nonselective) still is not benign and is not recommended. Since this request was intended to be a continuation of chronic use of NSAIDs, just a different drug, and not for the treatment of an acute exacerbation, this request will be considered medically not necessary.