

Case Number:	CM15-0209377		
Date Assigned:	10/29/2015	Date of Injury:	11/04/1999
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female injured worker suffered an industrial injury on 11-4-1999. The diagnoses included lumbar hemilaminectomy 10-2014. On 7-6-2015 the provider noted the left lower extremity radiculopathy was without any significant relief from the hemilaminectomy. On 5-18-2015, 6-17-2015 and 7-6-2015 the provider reported she was using Celebrex. No other notation concerning this medication was included in the medical record. Utilization Review on 10-14-2015 determined non-certification for Retro DOS: 9.23.15 Celecoxib #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 9.23.15 Celecoxib #30: 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): Anti-inflammatory medications.

Decision rationale: The patient presents with history of left lower extremity radiculopathy. Back pain has resolved but worsening of the left leg pain, which travels from the left hip to the

dorsolateral left foot. The request is for retro DOS: 9.23.15 celecoxib #30. The request for authorization form is not provided. The patient is status post L3-L4 and L4-L5 hemilaminectomy, 10/07/14, without any significant relief of her pain symptoms. MRI of the lumbar spine, 05/15/15, shows L3-L4 grade 1 anterolisthesis, mild to moderate central stenosis; L4-L5 facet arthropathy intervertebral disc degeneration broad-based disc bulge mild foraminal encroachment right more than left, mild to moderate central stenosis. Patient's diagnoses include lumbosacral spondylosis without myelopathy - primary dx; lumbar radiculitis; status post cervical spinal fusion; chronic pain disorder. Physical examination reveals midline lumbar scar; scoliosis evident slight, lumbar, convex to the right; hips slight asymmetric; prone leg length 1/8 to 1/4 longer on the left than the right; guarding hip movement; guards FABERE, but reports some pain posterior hip region; SLR to 85 degrees; sciatic stretch results in hamstring discomfort; reduced sensation L5 and S1 dermatomal signature areas of the left foot; reverse SLR causes hip posterior pain, not left leg pain. Attended PT and indicates that they concentrated on the neck, and no exercises provided for the lower back. She had a total of four postoperative PT visits. Patient's medications include Soma, Neurontin, Ultram, Celebrex, Nexium, Vitamins, Climara, and Prometrium. The patient's work status is not provided. MTUS, Anti-inflammatory medications Section, page 22, has the following: "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. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2s versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Celebrex on 05/18/15. In this case, treater has not discussed history of GI complications, or upset attributed to first-line NSAID medications. MTUS guidelines state that Celebrex is indicated in patients with a history of GI complications and not recommended for the majority of patients owing to high cost. Without a documented history of GI upset secondary to NSAID use or other GI complications, the medical necessity of this medication cannot be substantiated. Therefore, the request is not medically necessary.