

Case Number:	CM15-0025204		
Date Assigned:	02/17/2015	Date of Injury:	06/23/2000
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 female patient, who sustained an industrial injury on 06/23/2000. An orthopedic follow up visit dated 01/06/2015 reported the patient continues to have waxing and waning neck pain, but she reported the pain controlled well enough with the Celebrex 200mg daily. She has not taken any more Vicodin since the last examination. Physical examination found no change since prior eval. She is noted with mild guarded posture and a slightly forward flexed position. Active voluntary range of motion showed guarding in forward flexion and extension with complaint of stiffness and the base of the neck. The assessment reported multilevel degenerative disc disease, osteophytic disc bulging of the cervical spine with industrial aggravation of neck pain. A request was made for medication Celebrex 200MG. On 01/14/2015, Utilization Review, non-certified the request, noting the CA MTUS Chronic Pain, Celebrex, and Neck and Upper Back complaints was cited. The injured worker submitted an application, on 02/10/2015 for independent medical review of service requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 x2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID; Celebrex.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #30 with two refills is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are multilevel degenerative disc disease; osteophytic this bulging of the cervical spine with industrial aggravation of neck pain. The documentation does not contain any evidence of cardiovascular disease or risks for gastrointestinal events. These risks include, but are not limited to history peptic ulcer, G.I. bleeding, concurrent use of aspirin or steroids; or high-dose/multiple nonsteroidal anti-inflammatory drug use. The medical record contains eight pages. The documentation shows the injured worker was on Celebrex as of July 22, 2014. The guidelines recommend patients with no risk factors and no cardiovascular disease; nonselective nonsteroidal anti-inflammatory drugs are safe (ibuprofen, naproxen, etc.). The injured worker is not an intermediate risk for gastrointestinal events and does not have cardiovascular disease. There is no clinical indication and/or clinical rationale for treating the injured worker was Celebrex 200 mg without documentation of failed nonselective nonsteroidal anti-inflammatory drug use. Consequently, absent documentation with a failed attempt with nonselective nonsteroidal anti-inflammatory drugs, Celebrex 200 mg #30 with two refills is not medically necessary.