

Case Number:	CM15-0027704		
Date Assigned:	02/20/2015	Date of Injury:	10/19/2001
Decision Date:	03/31/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/13/2015

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 57 year old male, who sustained a work/ industrial injury on 10/19/01 while using an axe to break up the soil. He has reported symptoms of radiating low back pain down both legs. Pain was rated 6/10. Prior medical history included lumbar fusion surgery in 2004. The diagnoses have included post laminectomy syndrome of the lumbar region, lumbar disc disease, chronic back pain, and lumbar disc displacement. Treatments to date included a heating pad, medication, and epidural injection. Diagnostics included a Computed Tomography (CT) scan noting multiplaner reconstructions. Physical exam noted abnormal gait, positive for numbness and tingling, and loss of normal lordosis, restricted range of motion of the lumbar spine. Per examination, there was tenderness at the paravertebral muscles, hypertonicity, and spasm, on both sides. Medications included Effexor XR, Wellbutrin XL, Viagra, Rozerem, Oxycodone, Celebrex, and Gabapentin. A request was made by the physician for medications including Celebrex. On 2/3/15, Utilization Review non-certified a 30 Tablets of Celebrex 200 MG, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Celebrex 200 MG: Upheld

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

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 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. COX 2 nonsteroidal anti-inflammatory drugs have fewer G.I. side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non-selective nonsteroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnoses are post lumbar laminectomy syndrome; spinal/lumbar degenerative disc disease; chronic back pain; and lumbar disc displacement. The date of injury is October 19, 2001. The documentation does not contain any gastrointestinal risk factors for Celebrex use. Celebrex is indicated because the drug has fewer G.I. side effects. The earliest progress note in the medical record is dated June 20, 2014. There is no clinical indication for Celebrex. There is no documentation of failed treatment with a nonselective nonsteroidal anti-inflammatory drugs like ibuprofen or an approximate. Consequently, absent clinical documentation with documentation of a failed nonselective nonsteroidal anti-inflammatory drug and the clinical rationale for Celebrex, Celebrex 200 mg #30 is not medically necessary.