

Case Number:	CM15-0224892		
Date Assigned:	11/23/2015	Date of Injury:	07/26/2006
Decision Date:	12/31/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/16/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This is a 47 year old male with a date of injury on 7-26-06. A review of the medical records indicates that the injured worker is undergoing treatment for left foot and lower back pain. Progress report dated 10-27-15 reports continued complaints of pain that can be sharp. He reports limited range of motion of the left ankle. Objective findings: tenderness along the anterior talofibular ligament noted with positive anterior drawer test, ankle range of motion is somewhat decreased. Celebrex prescribed and requested. MRI lumbar spine 8-6-15 revealed bulging at the L3-L4 and L4-L5 and 2 mm protrusion at L5-S1. Treatments include: medication, TENS, injections, left ankle arthroscopy. Request for authorization dated 10-27-15 was made for Celebrex cap 200 mg quantity 30. Utilization review dated 11-9-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex cap 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

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

Decision rationale: Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use. The medical necessity is not substantiated in the records. Therefore, the request is not medically necessary.