

Case Number:	CM15-0038815		
Date Assigned:	03/09/2015	Date of Injury:	12/01/1998
Decision Date:	04/17/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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, Hawaii

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 injured worker is a 64-year-old male, who sustained an industrial injury on 12/01/1998. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbago. Treatment to date has included conservative measures. Currently, the injured worker complains of back pain and stated he was doing great. He reported that sometimes when he did not take Celebrex, he does poorly. Physical exam noted intact neurologic status and negative straight leg raising. Treatment plan included Celebrex as needed. The progress report, dated 2/26/2014, noted that x-ray reports revealed degenerative disc disease, L2 through sacrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Capsules of Celebrex 200mg with 5 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective COX-2 NSAIDs Page(s): 67-70.

Decision rationale: The patient presents with back pain. The current request is for 90 Capsules of Celebrex 200mg with 5 Refills. The treating physician states, in a report dated 01/26/15, "[The patient] says he is doing great. Sometimes when he does not take the Celebrex, he does poorly, but generally he takes it and needs it daily. He denies numbness, tingling, or parenthesis. He has back pain. He is not having any leg pain." (19B) The MTUS guidelines state: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Celecoxib (Celebrex) is the only available COX-2 in the United States. No generic is available. Use: Relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, [and] ankylosing spondylitis. In this case, the patient is doing well and not using it chronically because there are days he does not take the medication. Pain guidelines allow for re-assessment every 6 months for continued usage. The current request is medically necessary and the recommendation is for authorization.