

Case Number:	CM15-0041964		
Date Assigned:	03/12/2015	Date of Injury:	09/26/2007
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/05/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 47-year-old male, who sustained an industrial injury, September 26, 2007. The injured worker previously received the following treatments cervical steroid injection 2 years prior, the injured worker had prolonged relief form injection, MRI of the brain, Neurontin, Lidoderm Patches, Mobic and Amitriptyline. The injured worker was diagnosed with chronic cervical pain, chronic lumbar back pain, chronic post-concussion and cervicogenic headaches, depression, chronic neuropathic pain of the cervical spine and lumbar spine, insomnia and paresthesias of the hands and feet. The injured worker had prolonged relief form cervical epidural; steroid injection. The physical exam of the cervical neck noted a decrease in the range of motion and paracervical tenderness at C5 to C7-T1. There was paralumbar tenderness at L3 and L5-S1. According to progress note of January 13, 2015, the injured workers chief complaint was flare-up of pain in the neck. The injured worker was requesting an epidural steroid injection. The treatment plan included prescription renewal for medications and treatments, date of service January 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #60 x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory medications Page(s): 27-30.

Decision rationale: According to MTUS guidelines, Celebrex is indicated in case of back, neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. There is no documentation that Celebrex was used for the shortest period and the lowest dose. The patient has been using Celebrex for long term without significant improvement. Therefore, the prescription of Celebrex 100mg #60, with 3 refills is not medically necessary.