

Case Number:	CM15-0045580		
Date Assigned:	03/17/2015	Date of Injury:	05/24/2000
Decision Date:	04/17/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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(n) 65 year old female, who sustained an industrial injury on 5/24/00. She reported pain in the lower back related to a slip and fall accident. The injured worker was diagnosed as having cervical spondylosis, lumbar spondylosis, myofascial pain syndrome and chronic pain syndrome. Treatment to date has included physical therapy, lumbosacral x-ray and pain medications. As of the AME report dated 1/19/15, the injured worker reports palpable discomfort at the base of the neck and upper back. The AME physician noted that the injured worker receives trigger point injections every 6-8 weeks and has full cervical and lumbar range of motion. The treating physician requested Celebrex 200mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: This 65 year old female has complained of low back pain and neck pain since date of injury 5/24/00. She has been treated with physical therapy, trigger point injections and medications. The current request is for Celebrex 200 mg # 30. The most recent provider note dated 01/2015 indicated a treatment plan of 7 days of celebrex, 200 mg tabs once per day. The current request of 30 pills exceeds the documented treatment plan. On the basis of the available medical documentation, Celebrex 200 mg, #30 pills is not indicated as medically necessary.