

Case Number:	CM15-0047251		
Date Assigned:	03/19/2015	Date of Injury:	08/16/2013
Decision Date:	04/24/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/12/2015

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

Certification(s)/Specialty: Family Practice

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 49-year-old female, who sustained an industrial injury on August 16, 2013. The injured worker reported back, hip and buttock pain. The injured worker was diagnosed as having lumbar facet syndrome, lumbar degenerative disc disease (DDD), low back pain and sacroiliac pain. Treatment and diagnostic studies to date have included oral and topical medication. A progress note dated January 29, 2015 the injured worker complains of low back ache with pain increased from prior visit. She rates her pain as 6/10 with medication and 8/10 without medication. She reports the medication is less effective. Physical exam notes lumbar tenderness and decreased range of motion (ROM). The plan includes medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #60, prescribed on 1/29/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, she was prescribed Celebrex due to naproxen causing GI effects. She was taking Celebrex and using Flector patches regularly and it was reported that these medications reduced her pain from 8/10 to 6/10 on the pain scale, and can lift more weight, walk longer, and sit for longer periods of time. However, the report did not separate out how much the Flector patches contributed to this overall benefit to separate the Celebrex effect. Regardless, the worker's diagnoses did not justify chronic use of NSAIDs, which come with significant long-term side effects. Therefore, considering the above reasons, the Celebrex is not medically necessary.