MAXIMUS Federal Services

Case Number:	CM15-0050757		
Date Assigned:	03/24/2015	Date of Injury:	08/22/2014
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of August 27, 2014. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve requests for Celebrex and a functional restoration program evaluation. The claims administrator referenced a February 13, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On November 26, 2014, the applicant presented reporting myofascial pain complaints, low back pain complaints, and neck pain complaints. The applicant was exhibiting fear-driven and avoidance behavior, it was acknowledged. The applicant was placed off of work, on total temporary disability, while Naprosyn and Paxil were endorsed. In a February 13, 2015 progress note, the applicant reported ongoing complaints of pain, depression, and anxiety. The applicant was asked to discontinue Paxil. Celebrex was endorsed while the applicant was placed off of work, on total temporary disability. Little-to-no discussion of medication efficacy transpired. It was not stated why Celebrex was introduced in favor of previously prescribed Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68 & 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: No, the request for Celebrex, a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex may be indicated in applicants who have a history and/or risk of GI complications with nonselective NSAIDs such as Motrin or Naprosyn, in this case, however, there was no mention of the applicant's having any GI complications evident on the February 13, 2015 office visit on which Celebrex was endorsed. It was not, furthermore, clearly stated whether Celebrex was intended to replace previously prescribed Naprosyn or whether Celebrex was intended for use in conjunction with the same. Therefore, the request was not medically necessary.

Functional Restoration Program Evaluation, One Time, Full Day: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain Page(s): 6.

Decision rationale: Similarly, the request for a functional restoration program evaluation was likewise not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in applicants who are willing to make the effort to try and improve, in this case, however, the information on file did not suggest that the applicant was, in fact, prepared to make the effort to try and improve. The applicant remained off of work, on total temporary disability, it was suggested on multiple office visits, referenced above, including on February 13, 2015 and November 26, 2014. All evidence on file pointed to the applicant's seeming intention to maximize disability and indemnity benefits. The February 13, 2015 office visit in which the functional restoration program evaluation was proposed contained no references to the applicant's willingness to forego indemnity benefits in an effort to try and improve. Therefore, the request was not medically necessary.