

Case Number:	CM15-0052848		
Date Assigned:	03/26/2015	Date of Injury:	03/18/2008
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/20/2015

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 [REDACTED] employee who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of March 18, 2008. In a Utilization Review report dated February 23, 2015, the claims administrator failed to approve a request for Celebrex. An RFA form dated February 17, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a January 14, 2015 progress note, the applicant reported ongoing complaints of low back pain with ancillary complaints of depression. The applicant was using Celebrex, Lyrica, and topical compounded medication for pain relief. The applicant continued to report difficulty sitting, standing, walking, sleeping, lifting, and bending, the treating provider reported. A rather proscriptive 10-pound lifting limitation was endorsed, seemingly resulting in the applicant's removal from the workplace. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, it was noted on this occasion, either in the body of the report or in the review of systems section of the same.

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.

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 inhibitor such as Celebrex are recommended in applicant is who have a history of gastrointestinal complications, with nonselective NSAIDs such as Motrin or Naprosyn. In this case, however, there was no mention of the applicant is having any issues with reflux, heartburn, dyspepsia, prior GI bleeding, peptic ulcer disease, etc., on a January 14, 2015 office visit in question. Therefore, the request was not medically necessary.