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| Case Number: | CM15-0054508 | | |
| Date Assigned: | 03/27/2015 | Date of Injury: | 03/26/2003 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/14/2015 |
| Priority: | Standard | Application Received: | 03/23/2015 |

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: Physical Medicine & Rehabilitation, 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 is a 60 year old female, who sustained an industrial injury on March 26, 2003. She reported severe neck pain, migraines and depression. The injured worker was diagnosed as having cervical radiculitis and depression. Treatment to date has included diagnostic studies, conservative treatments, medications and work restrictions. Currently, the injured worker complains of neck, right shoulder, pelvis and thoracic pain. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on November 6, 2014, revealed continued pain. She noted requiring medications to maintain function. Medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 70 and 67-73.

Decision rationale: Celebrex 200mg, #30 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The Guidelines state that Celebrex is used for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Celebrex long term. The request for continued Celebrex is not medically necessary as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment ,elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The documentation does not indicate that this medication is being used for short term pain relief or for an acute pain exacerbation as the patient has used this medication on a chronic basis. The request for continued Celebrex with 3 refills is not medically necessary.

Metamucil, #1 jar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating therapy Page(s): 77.

Decision rationale: Metamucil, #1 jar is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that prophylactic treatment of constipation should be initiated while the patient is on opioids. The documentation deemed that opioids were not medically necessary therefore the request for Metamucil is not medically necessary.