

Case Number:	CM15-0058335		
Date Assigned:	04/03/2015	Date of Injury:	09/11/2010
Decision Date:	05/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/27/2015

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: North Carolina

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 58 year old female, who sustained an industrial injury on 09/11/2010. She has reported injury to the neck and back. The diagnoses have included cervicalgia; and cervical pseudoarthrosis at C6-C7, status post anterior and posterior revision fusion at C6-C7, solid fusion at C5-C6, status post radiculitis. Treatment to date has included medications, diagnostic studies, and surgical intervention. Medications have included Naprosyn, Motrin, and Percocet. A progress note from the treating physician, dated 03/03/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of a significant increase in back pain; continued tightness and swelling in the back of the neck that extends into the left trapezium region; and is not currently on any anti-inflammatory medications. Objective findings included significant increased tenderness with muscle band tightness of the cervical paraspinal musculature; palpable inflammation in the left side of the cervical spine extending into the trapezium and upper shoulder region; and hypoesthesia along the C6 dermatomal pattern on the left. The treatment plan has included the request for Celebrex 200 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines celebrex Page(s): 68-70.

Decision rationale: The California chronic pain medical treatment guidelines section on Celebrex states: Selective COX-2 NSAIDS: Celecoxib (Celebrex) is the only available COX-2 in the United States. No generic is available. Mechanism of Action: Inhibits prostaglandin synthesis by decreasing cyclooxygenase-2 (COX-2). At therapeutic concentrations, cyclooxygenase-1 (COX-1) is not inhibited. In animal models it works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. Use: Relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, [and] ankylosing spondylitis. Side Effects: See NSAIDs, hypertension and renal function; & NSAIDs, GI Symptoms and Cardiovascular Risks. Cardiovascular: Hypertension (13%) CNS: headache (15.8%), dizziness (1% - 2%), insomnia (2.3%); GI: diarrhea (4% to 11%), dyspepsia (8.8% vs. 12.8% for ibuprofen and 6.2% for placebo), diarrhea (5.6%), abdominal pain (4.1% vs. 9% for ibuprofen and 2.8% for placebo), N/V (3.5%), gastroesophageal reflux (5%), flatulence (2.2%); Neuromuscular/ skeletal: arthralgia (7%), back pain (3%); Respiratory: upper respiratory tract infection (8%), cough (7%), sinusitis (5%), rhinitis (2%), pharyngitis (2%); Skin Rash (2%), discontinue if rash develops; Peripheral Edema (2.1%). Recommended Dose: 200 mg a day (single dose or 100 mg twice a day). (Celebrex package insert) This patient has NSAID induced gastritis and hypertension. Therefore Celebrex is an appropriate alternative pain medication per criteria listed above and the request is medically necessary.