

Case Number:	CM15-0058985		
Date Assigned:	04/03/2015	Date of Injury:	07/23/2011
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female, who sustained an industrial injury on 07/23/2011. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, MRIs, and electro diagnostic testing. Currently, the injured worker complains of persistent low back pain, which was described mostly as numbness and tingling with sharp shooting pain on the left side. The injured worker reported that tramadol did not help with pain and kept her awake at night and the acupuncture and Celebrex helped relieve the pain. The diagnoses include low back pain, facet pain, sacroiliitis, and possibility of lumbar radiculopathy. The treatment plan consisted of continued medications (gabapentin) with new prescription for Celebrex, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 60, 22.

Decision rationale: The patient presents with low back pain. The request is for CELEBREX 100MG #60 WITH 3 REFILLS. The request for authorization is not provided. MRI of the lumbar spine, 09/30/13, shows multilevel degenerative changes with mild to moderate central spinal canal stenosis at L4-5, and multilevel foraminal stenosis, which is worst at L3-4. EMG/NCS of the lower extremities, 10/03/13, show no evidence of lumbosacral radiculopathy or peripheral neuropathy. Physical examination of the lumbar spine reveals tenderness in the lumbar facet joints and spasms in the lumbar paraspinal muscles. Range of motion is limited due to pain. Twisting, standing and walking aggravate her pain, which radiates to the right knee. Acupuncture treatment is helping the patient. Tramadol is not helping for her pain, and keeps her up at night. The patient's medications include Gabapentin and Celebrex. Per progress report dated, 03/04/15, the patient is on modified work. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated, 03/04/15, the provider's reason for the request is "She was started on celebrex for pain and inflammation which had helped her in the past." Prescription history for Celebrex is not provided. NSAIDs are indicated for first line treatment to reduce pain; however, Celebrex is not indicated for all patients per MTUS. In this case, the provider does not discuss how this medication is used and with what efficacy. Additionally, the provider does not discuss GI complications, nor document that the patient was previously prescribed other oral NSAIDs. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.