

Case Number:	CM15-0061050		
Date Assigned:	04/07/2015	Date of Injury:	08/11/2003
Decision Date:	05/06/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/31/2015

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: 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 injured worker is a 75-year-old male, who sustained an industrial injury on 8/11/2003. The current diagnoses are spinal stenosis of the lumbar region with neurogenic claudication, degenerative intervertebral disc disease of the lumbar/lumbosacral region, and lumbosacral spondylosis without myelopathy. Past medical history is significant for arthritis. According to the progress report dated 3/6/2015, the injured worker complains of low back and left shoulder pain. The pain is described as "stabbing and sharp." On a good day, he rates the pain 2-3/10 and on a bad day 9/10. The current pain medications are Kadian, Norco, Celebrex, and Amitriptyline. Exam has not changed in that there is still decreased lumbar range of motion, tenderness and spasms in lower lumbar paravertebral muscles and normal straight leg raise and motor exam. Treatment to date has included medication management, physical therapy, home exercise program, acupuncture, chiropractic, and epidural injections. The plan of care includes Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg Qty 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory medication) Page(s): 67-74.

Decision rationale: Celebrex (celecoxib) is a non-steroidal anti-inflammatory medication (NSAID) that is selective for the COX-2 receptors. It, therefore, has a lower frequency of causing gastrointestinal complications such as dyspepsia and bleeding than non-selective NSAIDs. NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury and chronic low back. MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. Additionally, since the patient is not complaining of dyspepsia or other gastrointestinal symptoms there is no indication for use of a COX-2 inhibitor over non-selective NSAIDs. Medical necessity for use of this medication has not been established. Therefore, this is not medically necessary.