

Case Number:	CM15-0083914		
Date Assigned:	05/06/2015	Date of Injury:	12/08/2012
Decision Date:	06/18/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/01/2015

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, Pain Management, 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 57 year old male with an industrial injury dated 12/08/2012. His diagnoses includes status post motor vehicle accident with exacerbation of chronic neck and low back pain, lumbar 4-5 and lumbar 5-sacral 1 disc protrusions with left-sided radiculopathy and leaky disc syndrome and status post anterior cervical fusion of cervical 6-7. Prior treatment included anterior cervical fusion in February 2014, physical therapy and medications. Records are present from 03/13/2014 documenting the injured worker has been complaining of left sciatica with numbness and tingling in the left foot. He also complained of low back pain. No objective findings were documented. Utilization review references records dated 03/30/2015, 03/31/2015 and 04/06/2015. These records are not available in the submitted records. The current request is for Celebrex.

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 NSAIDs (non-steroidal anti-inflammatory drugs), Specific recommendations Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, NSAIDs, GI symptoms & cardiovascular risk Page(s): 68, 70.

Decision rationale: MTUS 2009 states that NSAIDS should be used for the shortest duration and lowest dose possible. MTUS 2009 also states that cyclooxygenase II inhibitors (COX II) should only be provided for individuals with an intermediate history of gastrointestinal events or over age 64 years. This request does not adhere to MTUS 2009 since there is a 100mg dose of Celebrex which is a lower dose and the patient does not meet criteria for use of a COX II inhibitor. There is no demonstrable functional improvement which would explain treatment outside of evidence based guidelines. This request for Celebrex 200 mg does not adhere to MTUS 2009 and is not medically necessary.