

<b>Case Number:</b>	CM15-0088269		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	07/15/2008
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 51 year old male injured worker suffered an industrial injury on 07/15/2008. The diagnoses included lumbar radiculitis. The injured worker had been treated with medications. On 4/2/2015 the treating provider reported lumbar epidural steroid injection had 60% pain relief in the low back and 70% relief in the legs. Medications decreased the pain by 25% with functions improvement 30%. On exam the straight left raise was positive and sensations decreased at the lumbosacral spine. The injured worker had not seen by the primary treating provider for 2 years. The treatment plan included Celebrex and Re-evaluation primary treating physician.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 30; 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, medications for chronic pain Page(s): 22, 60-61.

**Decision rationale:** The 51 year old patient presents with lumbar radiculitis and is status post lumbar ESI with moderate relief, as per progress report dated 04/02/15. The request is for Celebrex 200 mg # 60. The RFA for the request is dated 04/02/15, and the patient's date of injury is 07/15/08. Lumbar range of motion is restricted, as per progress report dated 04/02/15. Physical examination also revealed a positive straight leg raise and decreased sensation at L5-S1 distribution. The patient is working without restrictions, as per the same progress report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Celebrex is first noted in progress report dated 10/08/14, and the patient has been taking the medication consistently at least since then. In progress report dated 12/11/14, the treater states that Celebrex is being prescribed to decrease pain, increase function, and decrease frequency of epidural injections. As per progress report dated 02/12/15, Celebrex was denied and hence, the prescription was changed to Mobic. However, in most recent report dated 04/02/15, the teater states that Mobic is not as effective as Celebrex due to NSAIDs. In the same report, the treater states that Celebrex is used daily as it allows patient to continue to work which he does without restrictions. Given the impact of the medication on the patient's function, the request for Celebrex is reasonable and is medically necessary.

**Re-evaluation with PTP (primary treating physician) Orthopedic:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127, Evaluation.

**Decision rationale:** The 51 year old patient presents with lumbar radiculitis and is status post lumbar ESI with moderate relief, as per progress report dated 04/02/15. The request is for Re-Eval With Ptp (Ortho). No RFA could be found for this request. The patient's date of injury is 07/15/08. Lumbar range of motion is restricted, as per progress report dated 04/02/15. Physical examination also revealed a positive straight leg raise and decreased sensation at L5-S1 distribution. The patient is working without restrictions, as per the same progress report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the request for re-evaluation with PTP (ortho) is noted in progress report dated 04/02/15. The pain management specialist states that the patient has not seen PTP for 2 years; needs a re-evaluation. The patient continues to suffer from pain. Hence, an ortho re-evaluation appears reasonable and is medically necessary.