MAXIMUS Federal Services

Case Number:	CM15-0089231		
Date Assigned:	05/13/2015	Date of Injury:	05/15/1996
Decision Date:	06/22/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/08/2015

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 56-year-old male who sustained an industrial injury on 05/15/1996. There was no mechanism of injury documented. The injured worker was diagnosed with complex regional pain syndrome, failed total knee replacement, lumbalgia thought to be discogenic, myofascial and facet mediated, L4-5 disc herniation and thoracic spine compression fracture. The injured worker has a medical history of diabetes mellitus. The injured worker is status post right knee replacement in 2011, back surgery in 2009 and 2011, bilateral carpal tunnel release (March and September of 1998), bilateral shoulder rotator cuff repair surgery and gastric bypass. Treatment to date has included diagnostic testing, multiple surgeries, multiple specialty consultations, physical therapy, sacroiliac (SI) joint injections, ganglion blocks, spinal cord stimulator (SCS) trial and implant and medications. According to the primary treating physician's progress report on May 4, 2015, the injured worker continues to experience low back and neck pain, bilateral knee pain and left ankle/foot pain. Examination demonstrated little spontaneous movement of the lumbar spine and stiff movement. Bilateral quadriceps and hip flexors noted decreased strength. Bilateral patellar and Achilles reflexes were decreased. There was pain to palpation over L3 through S1 facet capsules bilaterally, pain with rotational extension and myofascial pain with triggering, ropey fibrotic banding and spasm and positive trochanteric bursitis. There was a positive Faber maneuver on the left. Current medications are listed as Clonazepam, Fentanyl, Gabapentin, Lorazepam, Lunesta, Percocet, Pristiq, Rozerem, Primlev, Colace, Skelaxin and Omeprazole. Treatment plan consists of surgical consultation for

ankle and lumbar spine, flexion/extension lumbar spine X-rays to visualize spinal cord stimulator (SCS) placement and the current request for Celebrex 200mg with refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The patient presents with low back pain radiating to lower extremities rated 9/10, neck pain rated at 4/10, bilateral knee pain rated 8/10, and left foot pain rated 7-8/10. The request is for Celebrex 200mg, #90 with 3 refills. The request for authorization is not provided. The patient is status-post knee surgery, 2010 and 2011, carpal tunnel surgery, 1998, bilateral shoulder surgery, date unspecified, and back surgery, 2009 and 2011. MRI of the lumbar spine, 08/04/08, shows at L4-5 a loss of disc space signal, slightly reduced left foramina and a 5 mm or greater disc protrusion or herniation with associated end plate osteoarthritic ridging indenting the thecal sac. Patient continues to note substantial benefit of the medications, with about 90% improvement in pain. He is on the lowest effective dosing, he is well below the MED anticipated for his injury, and he has attempted to wean the medications with increased pain, suffering, and decreased functional capacity. Patient's medications include Clonazepam, Fentanyl, Gabapentin, Lorazepam, Lunesta, Percocet, Pristiq, Rozerem, Primlev, Colace, Skelaxin and Omeprazole. Per progress report dated 05/04/15, the patient is permanent and stationary. 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. Treater does not specifically discuss this medication. Patient has been prescribed Celebrex since at least 09/22/14. NSAID's are indicated for first line treatment to reduce pain. Per progress report dated 05/04/15, treater states, "The patient has been continuing note substantial benefit of the medications, with about 90% improvement in pain." However, per progress report dated 01/22/15, treater states, "I am requesting the medications as listed for one month. Celebrex 200 mg capsule (1 by mouth once a day)." In this case, the request for Celebrex #90 with 3 refills far exceeds a one-month supply. Therefore, the request is not medically necessary.