

Case Number:	CM14-0116714		
Date Assigned:	08/04/2014	Date of Injury:	03/18/1997
Decision Date:	10/14/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 62-year-old female who has submitted a claim for cervical spondylosis, major depression, anxiety disorder, chronic debilitating injury with CS ASIA D quadriplegia, memory deficit, neurogenic bowel and bladder, Brown syndrome, and headache associated with an industrial injury date of 3/18/1997. Medical records from 2012 to 2014 were reviewed. Patient utilized a walker for ambulation. She stated that her mood was improving and her anxiety was decreasing. Patient previously received home health care 4 hours per day x 7 days per week. The last day that she received home care was 5/22/2014. Weekly log sheet as completed by the patient's caregiver showed that patient was assisted in grooming, exercising, meal preparation, and cleaning the house. Patient stayed in bed all the time. Nobody was available to shop for her. Patient complained of neck pain, aggravated by movement. Pain severity was rated 6 to 8/10 with intake of medications. Patient likewise had pain at the right leg, aggravated by cold weather. Physical examination of the cervical spine showed tenderness and restricted range of motion. Motor strength of right upper and lower extremities was rated 5 minus/5, while 4+/5 contralaterally. Straight leg raise test was negative. Treatment to date has included aqua therapy, and medications such as Xanax, Opana, Ambien, Percocet, Abilify, gabapentin, Topamax, Celebrex (since 2012), Provigil, Senna, and Zanaflex. Utilization review from 7/16/2014 modified the request for Celebrex 200 mg into quantity number 30 because it was supported by the guidelines as first line treatment for her pain management, given the extreme complexity of the case due to high risk of gastrointestinal complications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Celebrex since 2012. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. The request also failed to specify quantity to be dispensed. Therefore, the request for Celebrex 200 mg is not medically necessary.