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| Case Number: | CM14-0120953 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 06/03/2012 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 07/04/2014 |
| Priority: | Standard | Application Received: | 07/31/2014 |

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:

This is a 38-year-old female with a 6/3/12 date of injury. A specific mechanism of injury was not described. According to a progress report dated 6/13/14, the patient rated her low back pain with medications as 6 on a scale of 1 to 10, and as a 10 without medications. She had no new problems or side effects and her activity levels have remained the same. Objective findings: restricted range of motion of thoracic spine, tenderness and hypertonicity of paravertebral muscles, tenderness noted over sacroiliac spine, trigger point with radiating pain and twitch response on palpation at bilateral piriformis muscles, tenderness over the SI joint, light touch sensation decreased over medial foot. Diagnostic impression: low back pain, lumbar facet syndrome. Treatment to date: medication management, activity modification, injections. A UR decision dated 7/4/14 denied the request for Celebrex. The documentation does not describe any lasting benefit or functional improvement despite ongoing usage of Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter, Celebrex

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter and other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex) and JAMA September 13, 2000, Vol 284, No. 10.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDS in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. There is no documentation that the patient is at an increased risk of gastrointestinal complications. In addition, there is no documentation that the patient has had a trial and failed first-line NSAIDs. A specific rationale identifying why the patient requires Celebrex as opposed to a first-line NSAID was not provided. Therefore, the request for Celebrex 200mg #30 for lumbar spine is not medically necessary.