

Case Number:	CM14-0129080		
Date Assigned:	09/16/2014	Date of Injury:	02/26/2007
Decision Date:	10/16/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine and Rehabilitation 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 57 year-old patient sustained an injury on 2/26/07 while employed by [REDACTED]. Request(s) under consideration include Celebrex 200mg # 180 per 7/14/14 form. Diagnoses include Lumbago and bilateral sciatica. Conservative care has included medications, physical therapy, Saunders lumbar traction, 70% short-term temporary relief from epidural steroid injection, and modified activities/rest. Report of 5/22/14 from the provider noted the patient with chronic lower back pain radiating to lower leg at L5-S1 distribution. Symptoms are ongoing and chronic with continued medical treatment for this 2007 injury. Exam showed lumbar spine with tenderness, guarding, spasm, DTRs 2+, and positive SLR at 60 degrees on right and 90 degrees on left. Treatment included medication, lumbar ESI, and aquatic therapy. Report of 6/25/14 noted unchanged low back pain with sciatica and depression. Exam showed lumbar spine with paralumbar muscle tenderness, spasm, and guarding; positive SLR at 60 degrees on left and 90 degrees on right; able to toe and heel walk; DTRs 2+; decreased sensation of L4 distribution of lower leg and L5-S1 at toes. Treatment includes Saunders lumbar traction, updated MRI, PT appeal. The request(s) for Celebrex 200mg # 180 per 7/14/14 form was non-certified on 7/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg # 180 per 7/14/14 form: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury of 2007 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. The Celebrex 200mg # 180 per 7/14/14 form is not medically necessary and appropriate.