MAXIMUS Federal Services

Case Number:	CM14-0147152		
Date Assigned:	09/15/2014	Date of Injury:	10/02/2000
Decision Date:	11/26/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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 78-year-old male who reported an industrial injury on 10/2/2000, 14 years ago, attributed to the performance of his usual and customary job tasks. The patient complained of ongoing shoulder and neck pain. The patient complained of severe neck pain and pain across the shoulders. The objective findings on examination included very limited neck range of motion; positive cervical compression; muscle spasm in the cervical paraspinal and trapezius muscles; reduced right shoulder range of motion; crepitus with shoulder range of motion. The patient was prescribed Norco; Celebrex; Aciphex; and a MRI of the cervical spine. The patient was maintained on TDD status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications pages 67 to 68; Celebrex page 30 Page(s): 67-68; 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-- medications for chronic pain; NSAIDs

Decision rationale: The patient was prescribed Celebrex, a COX II inhibitor for the treatment of chronic neck and UE pain. There is documentation that the patient has any stomach issues with Celebrex or any other NSAID. There were no other prescribed COX I NSAIDs prescribed to the patient to evaluate for efficacy. The treatment with the NSAIDs is consistent with evidence-based guidelines and is demonstrated to be medically necessary; as the initial use of the COX I NSAID reportedly led to GI upset. There is no medical necessity for the prescription of a COX II inhibitor without the documentation of a patient's reaction to a prescribed more than one COX I inhibitor. The prescription for Celebrex was accompanied by clinical documentation of a GI reaction from the patient from the prescription of available COX I inhibitors.The medical records demonstrate that a NSAID is prescribed; however, there is demonstrated medical necessity for a COX II inhibitor over a COX I inhibitor NSAID or an OTC NSAID. The medical records reflect a rationale for the use of Celebrex as opposed to a standard NSAID/COX I inhibitor for the demonstrated ongoing symptoms.The California MTUS states that Celebrex is a nonsteroidal anti-inflammatory drug that is a Cox II selective inhibitor, a drug that directly targets Cox II, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the anti-platelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain management procedures. It may be considered the patient has a risk of G.I. complications but not for the majority of patients. Generic NSAIDs and Cox II inhibitors have similar efficacy and risks when used for less than three months but a 10 to 1 difference in cost. There is no current clinical documentation that indicates that the patient has an acute inflammatory process for which this medication would be necessary. Therefore, this prescribed Celebrex 100 mg #60 is not clinically indicated or medically necessary over available OTC analgesics.

MRI of the cervical spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-MRI

Decision rationale: The request for a MRI of the cervical spine was not supported with objective findings on examination to support medical necessity. The patient is 14 years ago s/p DOI and has no documented neurological or radiculopathy deficits on examination. There was no objective evidence to support the medical necessity of the requested cervical spine MRI. The patient was not documented to have been provided complete conservative treatment. The criteria recommended by evidence-based guidelines were not documented to support the medical necessity of the requests. There is no rationale provided by the requesting provider to support the medical necessity of a MRI of the cervical spine as a screening study. There are no documented progressing neurological deficits. There are no demonstrated red flag diagnoses as recommended by the ACOEM Guidelines in order to establish the criteria recommended for a MRI of the cervical spine. The medical necessity of the requested MRI of the cervical spine was not supported with the subjective/objective findings recommend by the ACOEM Guidelines or the Official Disability Guidelines for the authorization of a cervical spine MRI. The patient's

treatment plan did not demonstrate an impending surgical intervention or any red flag diagnoses. The treatment plan was not demonstrated to be influenced by the obtaining of the Cervical MRI. There were no demonstrated sensory or motor neurological deficits on physical examination; there were no demonstrated changes to the patient's neurological examination other than the subjective pain complaint; and the patient was not shown to have failed a conservative program of strengthening and conditioning. The patient is not documented as contemplating surgical intervention to the cervical spine. There were no documented clinical changes in the patient's clinical status or documented motor/sensory neurological deficits that would warrant the authorization of a MRI of the cervical spine/thoracic spine or meet the recommendations of the currently accepted evidence-based guidelines.There is no provided rationale for the MRI of the cervical spine/thoracic spine by the requesting provider. The MRI results were not noted to affect the course of the recommended conservative treatment. The functional assessment for the provided conservative therapy since the date of injury has not been documented or provided in the physical therapy documentation. There was no demonstrated medical necessity for a MRI of the cervical spine.