

Case Number:	CM14-0160564		
Date Assigned:	10/06/2014	Date of Injury:	08/23/2009
Decision Date:	11/13/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/30/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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:

The injured worker is a 68 year old male who was injured at work on 08/23/2009. The injured worker is reported to be complaining of low back pain. The pain is 6/10 with medications, but 9/10 without medications. He reported an improvement in sleep and depression. The physical examination revealed antalgic gait favoring the left. The injured worker has been diagnosed of sprain of lumbosacral joint; degeneration of lumbar intervertebral disc; low back pain, radiculitis and sciatica. Previous treatments include physical therapy, chiropractic care, Advil, Celebrex, Carvedilol, Escitalopram, Lidoderm, Losartan, Methocarbamol, and New Terocin. At dispute is the request for Celebrex 100mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 22, 68.

Decision rationale: The injured worker sustained a work related injury on 08/23/2009. The medical records provided indicate the diagnosis of sprain of lumbosacral joint; degeneration of

lumbar intervertebral disc; low back pain, radiculitis and sciatica. Previous treatments include physical therapy, chiropractic care, Advil, Celebrex, Carvedilol, Escitalopram, Lidoderm, Losartan, Methocarbamol, and New Terocin. The medical records provided for review do not indicate a medical necessity for Celebrex 100mg #60 with 2 refills. Being greater than 65 years of age places the injured worker at risk for gastrointestinal complication to the nonsteroidal drugs. Therefore, when indicated, the injured worker could be prescribed a COX-2 inhibitor, like Celebrex. Nevertheless, the records indicate the injured worker has been using this medication for about a year now, and it is being used with another Nonsteroidal anti-inflammatory medication. The combination of these two drugs, and their prolonged use is inappropriate considering the MTUS recommends the use of the smallest dose for the shortest length of time.