

Case Number:	CM14-0162583		
Date Assigned:	10/07/2014	Date of Injury:	03/27/1992
Decision Date:	11/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 an approximately 71-year-old woman (date of birth was not provided) with a date of injury of 03/27/1992. The submitted and reviewed documentation did not identify the mechanism of injury. An initial consultation report by [REDACTED] dated 07/10/2014 indicated the worker was experiencing pain in the neck, upper back, both shoulders, right arm and hand, and right leg joints. The records reported the worker had a history of gastritis and an ulcer and that in the past the worker experienced a burning feeling in the stomach while taking medicines in the non-steroidal anti-inflammatory class. The documented examination described an abnormal straightening of the upper spine, decreased motion in the joints of the upper back, and tenderness and spasm in the muscles throughout the back. The submitted record concluded the worker was suffering from lower and upper back pain. Recommended treatment included x-rays and a MRI of the upper back, trigger point injections, and oral pain medications. A Utilization Review decision by [REDACTED] was rendered on 09/09/2014 recommending non-certification for Celebrex (celecoxib) 200mg, #30. No additional clinical records were submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication, Gastrointestinal Symptoms Page(s): 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: Celebrex (celecoxib) is a medication in the selective non-steroidal anti-inflammatory drug (NSAID) class. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted documentation indicated the worker was experiencing pain in the back, in addition to other areas. These records reported the worker had a history of gastritis and an ulcer. Further, the worker experienced a burning feeling in the stomach while taking medicines in the NSAID class in the past. There was no discussion indicating an individualized risk assessment had been done or detailing how the worker would be monitored for her increased risk for complications. In the absence of such evidence, the current request for Celebrex (celecoxib) 200mg, #30 is not medically necessary.