

Case Number:	CM14-0163128		
Date Assigned:	10/08/2014	Date of Injury:	04/29/2008
Decision Date:	11/07/2014	UR Denial Date:	09/03/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 60-year-old male with an original industrial injury on April 29 2009. The mechanism of injury was a fall from a horse in the worker's occupation as a jockey. The worker sustained a C2 fracture, left ankle fracture, and multiple rib fractures. Other industrially-related diagnoses for this worker include postconcussion syndrome, cervical cranial syndrome, major depression, PTSD, anxiety, and chronic pain syndrome. The disputed issue in this case is a request for Celebrex. The patient was previously on Nabumetone and a proton pump inhibitor (PPI), but still developed upset stomach. The utilization reviewer had noncertified the Celebrex because there was documentation that the injured worker was tolerant of Indomethacin. Therefore the utilization reviewer felt that the Indomethacin should be tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg, take 1 tablet every 12 hours as needed for pain #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the documentation available for review, there is indication in the utilization review determination the patient did not tolerate Nabumetone. However, the only records I have read through indicate the patient is still on Nabumetone in the most recent records (from May 2014). I do not see a note in which there is a rationale for which Celebrex is being prescribed. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events. In the absence of such documentation, the currently requested Celebrex is not medically necessary.