MAXIMUS Federal Services

Case Number:	CM14-0166005		
Date Assigned:	10/13/2014	Date of Injury:	02/15/2012
Decision Date:	11/13/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/08/2014

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 New Jersey. 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 worker is a 51 year old male who was injured on 2/15/2012. He was diagnosed with lumbosacral spondylosis with radiculitis, lumbago, cervicalgia, cervical spondylosis, and unspecified myalgia. Medical records were reviewed. He was treated with opioids, non-steroidal anti-inflammatory drug (NSAIDs), muscle relaxants, and epidural steroid injections. His medical history was significant for hypertension, diabetes mellitus, and gastritis with NSAID use. The worker was seen by his pain management provider on 9/25/2014 complaining of his persistent low back pain with radiation to hips as well as his neck pain which radiates into his shoulders. He also complained of bilateral shoulder pain. Overall, his pain was rated at 8/10 on the pain scale with functional level rated at 7/10. He was then recommended to continue his medications including Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG: Upheld

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

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

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, Celebrex was being used chronically, and before that, Mobic. However, there was no specific assessment of how Celebrex was continuing to aid in the worker's functional capacity or how it reduces his pain independent of his other medications. Also, there was no evidence that suggested the worker was experiencing an acute flare-up that might warrant a short course of NSAIDs. The worker had a history of side effects from NSAID use in the past (gastritis) and has a history of hypertension. Based on all of the above, it does not seem reasonable to continue any NSAID chronically, including Celebrex. Also, the number of pills was not included in the request. Therefore, the Celebrex is not medically necessary.