

Case Number:	CM14-0168527		
Date Assigned:	10/16/2014	Date of Injury:	05/14/2007
Decision Date:	11/18/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/13/2014

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 Anesthesia, has a subspecialty in Acupuncture & 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:

61y/o male injured worker with date of injury 5/14/07 with related neck and low back pain. Per progress report dated, 9/8/14, the injured worker complained of neck pain and low back pain with radicular symptoms which were worse on the right. He rated his current pain as 7/10 in intensity, with a 30% reduction of pain with medications. Per physical exam, decreased range of motion of the cervical spine, myofascial tenderness of the cervical and lumbosacral area (worse on the right), and facet loading with extension of the neck were noted. Treatment to date has included physical therapy, and medication management. The date of UR decision was 9/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: Per MTUS CPMTG p70, Celebrex is used for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. It works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a

substitute for aspirin for cardiac prophylaxis. The documentation submitted for review indicates that the injured worker has previously trialed Celebrex 200mg twice a day with benefit. It was indicated that the injured worker wanted to try a decreased dosage for his chronic neck and low back pain. Failure of ibuprofen was documented. While the requested medication is indicated, 5 refills are excessive before establishing the efficacy of the new dosage. The request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for 1 refill.