

Case Number:	CM14-0168781		
Date Assigned:	10/16/2014	Date of Injury:	07/11/2013
Decision Date:	11/18/2014	UR Denial Date:	10/01/2014
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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 57-year-old male who was injured on July 11, 2013. The patient continued to experience lower back pain. Physical examination was notable for tenderness to palpation of the lumbosacral junction bilaterally, restricted sensation over the left L4 and L5 dermatomes, and negative straight leg raise. Diagnoses included L5-S1 disc degeneration, L4-S1 facet arthropathy, left leg radiculopathy, right shoulder rotator cuff tear, and coccydynia. Treatment included medications, physical therapy, and surgery. Requests for authorization for Celebrex 200 mg # 60 retrospectively and Celebrex 200 mg #60 prospectively were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Celebrex 200mg #60 for the service date of 8-26-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-70.

Decision rationale: Celebrex is the selective COX-2 nonsteroidal anti-inflammatory drug (NSAID) celecoxib. It has been useful in the treatment of osteoarthritis, ankylosing spondylitis, and rheumatoid arthritis. Chronic Medical Treatment Guidelines state that "anti-inflammatory

drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for hypertension and renal function have been reported with COX-2 NSAIDs. Record of pain and function with the medication should be documented. Use of two NSAID medications concurrently increases the risk of adverse effects with little benefit. The request is not medically necessary.

Prospective usage of Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-70.

Decision rationale: Celebrex is the selective COX-2 nonsteroidal anti-inflammatory drug (NSAID) celecoxib. It has been useful in the treatment of osteoarthritis, ankylosing spondylitis, and rheumatoid arthritis. Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for hypertension and renal function have been reported with COX-2 NSAIDs. Record of pain and function with the medication should be documented. In this case the patient was already using the NSAID ibuprofen. Use of two NSAID medications concurrently increases the risk of adverse effects with little benefit. The request is not medically necessary.