

Case Number:	CM14-0184383		
Date Assigned:	11/07/2014	Date of Injury:	07/15/2008
Decision Date:	12/11/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 51-year old male who had a work injury dated 7/15/08. The diagnoses include lumbar radiculitis. The patient is status post L5/S1 laminectomy 2008, status post L5-S1 epidural steroid injection, status post epidural steroid injection 3/12/14. Under consideration are requests for Celebrex 200mg #60 (1 Tablet BID). A 7/23/14 progress note states that the patient is status post lumbar epidural injection performed on March 12, 2014, with a 60% reduction in his lower back pain and 65% reduction in his lumbar radicular pain. He presents today with a recurrence of his lower back pain with radiation into the posterior aspect of his bilateral lower extremities and bilateral calves and down to the level of the feet. He is also complaining of bilateral hip as well as bilateral knee pain. It is affecting his ability to walk for prolonged periods of time. It is affecting his ability to perform his job duties at work, which includes walking. He was previously on Naprosyn; however, this has caused some gastrointestinal upset. He has had recent use of Celebrex, which has reduced his pain symptoms better than the Naprosyn. His pain has worsened to a level that is similar prior to his epidural injection. On exam there is decreased range of motion of the lumbar spine with mild tenderness to palpation over the paravertebral musculature. There is hyperreflexia of the left Achilles and weak hip flexor on the left. There is no foot drop. Straight leg raise is positive on the left at approximately 60 degrees. There is paresthesia on the left L5-S1 dermatome. There are atrophic changes to the left calf versus right calf. Heel-toe walk is intact and coordinated. There is decreased lumbar range of motion. There is a request for an L5-S1 epidural injection, continue Celebrex. Per QME Gastroenterology report dated April 22, 2013 it was determined that the patient's epigastric discomfort and heartburn were due to GERD possible aggravated for the effects of non-steroidal anti-inflammatory medications and gastroduodenitis possibly related to the use of Celebrex. It is

concluded that the patient has NSAID induced gastritis and should stop all use of non-steroidal anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 (1 Tablet BID): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-73.

Decision rationale: Celebrex 200mg #60 (1 Tablet BID) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Guidelines also state that for chronic low back pain: NSAIDs are recommended as an option for short-term symptomatic relief. The documentation indicates that the patient has been on Celebrex long term without significant functional improvement or improvement in pain. The documentation indicates that a prior gastroenterology QME recommended that the patient remain off all NSAIDs due to gastroduodenitis. The request for Celebrex 200mg #60 (1 Tablet BID) is not medically necessary.