

Case Number:	CM14-0147253		
Date Assigned:	09/15/2014	Date of Injury:	06/25/2009
Decision Date:	01/28/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/10/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic upper extremity pain, complex regional pain syndrome (CRPS), and alleged peripheral neuropathy reportedly associated with an industrial injury of June 25, 2009. In a Utilization Review Report dated August 27, 2014, the claims administrator failed to approve a request for Celebrex, stating that the attending provider failed to demonstrate the failure of non-selective NSAIDs. The claims administrator alluded to progress notes of October 17, 2013, November 15, 2013, and August 4, 2014 in its denial. The applicant's attorney subsequently appealed. On April 14, 2014, the applicant's primary treating provider did state that the applicant's previous usage of ibuprofen had caused GI upset and rectal bleeding. The applicant was given diagnoses of causalgia, peripheral neuropathy, and upper extremity pain. The applicant's medications included Lyrica, Dexilant, Zanaflex, Colace, Norco, Topamax, Celebrex, and Desyrel. The applicant was obese with a BMI of 34.4. The applicant was asked to continue all medications and discontinue Celebrex if any rectal bleeding recurred. The applicant was not working with a rather proscriptive 20-pound lifting limitation in place, it was acknowledged. There was not much in the way of discussion of medication efficacy. The applicant stated that his activity level had remained unchanged. The applicant was asked to eschew alcohol while using NSAIDs and opioids. On May 12, 2014, the applicant stated that his pain levels were unchanged. The applicant stated that his quality of sleep was poor. The applicant was on Lyrica, Dexilant, Zanaflex, Colace, Norco, Topamax, Celebrex, and Desyrel, it was stated. The applicant's BMI was 34. The applicant was not working, it was noted. The applicant's neck pain was throbbing, numbing, and radiating to bilateral arms. The applicant was asked to continue a spinal cord stimulator. The applicant was given the same, unchanged 20- pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Anti-inflammatory medic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antinflammatory Medications topic; Functional Restoration Approach to Chronic Pain Management se.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX2 inhibitors such as Celebrex are recommended in applicants with a history of GI complications, as appears to the case here with the applicant's history of previous GI bleeding and dyspepsia with Motrin, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medications efficacy into his choice of recommendations. Here, however, the applicant was/is off of work. A rather proscriptive 20-pound lifting limitation has been renewed, unchanged, from visit to visit. The applicant remains dependent on opioid agents such as Norco, despite ongoing usage of Celebrex. The attending provider has also written on several occasions that the applicant's pain levels are unchanged. The attending provider has failed to recount any material improvements in function or a material reduction in dependence on medical treatment achieved as a result of ongoing Celebrex usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Celebrex. Therefore, the request was not medically necessary.