

Case Number:	CM14-0191081		
Date Assigned:	11/24/2014	Date of Injury:	02/24/1999
Decision Date:	01/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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, 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 patient is a 61 year old male with date of injury 2/24/99. The treating physician report dated 10/29/14 (68) indicates that the patient presents with pain affecting the low back with radiation to the lateral aspect of bilateral lower extremities. The physical examination findings reveal the patient continues to report moderate to severe chronic pain. He uses a cane to aid in his ambulation. Prior treatment history includes medication. The current diagnosis is lumbar disc degeneration. The utilization review report dated 11/11/14 denied the request for Celebrex 200 mg b.i.d. based on the fact that the dose of Celebrex as written is not supported by the manufacturer or FDA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Selective COX-2 NSAIDs Page(s): 22, 67-70.

Decision rationale: The patient presents with low back pain with radiation to the lateral aspect of bilateral lower extremities. The current request is for Celebrex 200 mg b.i.d. The treating

physician report dated 10/29/14 states, "Celebrex 200mg oral capsule, Take 1 tablet by mouth BID x 30 days." The MTUS Guidelines regarding NSAIDs on page 67 state, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." In this case the treating physician has indicated that the patient has decreased pain with increased function while on medications and MTUS supports the usage of Celebrex. However, the current request does not state the frequency, duration or quantity of this medication request and MTUS requires that the physician document the course of treatment and document the patient's response and functional improvement with medication usage. The request as written is open ended with no quantity defined which is not supported. Recommendation is for denial.