

Case Number:	CM15-0001687		
Date Assigned:	01/12/2015	Date of Injury:	09/16/2008
Decision Date:	03/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

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 injured worker is a 47-year-old female who sustained an industrial injury on September 16, 2008. She is diagnosed with abdominal epigastric strain, status post excision of xiphoid bone process August 4, 2009 with history of postoperative wound infection, thoracic pain with unremarkable magnetic resonance imaging of the thoracic spine, mid back pain with unremarkable magnetic resonance imaging of the mid back, status post incisional hernia repair on September 4, 2012 with a second surgery after infection on September 27, 2012, polysomnography January 2003 with mild obstructive sleep apnea, periodic limb movement disorder and negative abdominal ultrasound in September 2008. Objective examinations have noted continued minimal tenderness over the zygomatic arch and epigastric and epigastrium. Current medications consist of Celebrex 200 mg one per day, Nexium 40 mg, Zofran 8 mg, Biofreeze gel, Cymbalta 30 mg, Topamax 100 mg, and Voltaren gel. The injured worker is allergic to codeine, Vicodin, morphine, penicillin, Cipro and Darvocet. The injured worker was evaluated on November 11, 2014 at which time she was upset and angry that her Tempur-Pedic Mattress was denied. She was given a refill of her medications. Utilization Review was performed on September 5, 2014 at which time the request for Celebrex 200 mg #30 was denied as there was no risk factors to support Celebrex. The MTUS guidelines were cited.

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. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs, GI symptoms & cardiovascular risk Page(s): 22,.

Decision rationale: According to the MTUS guidelines, COX-2 inhibitors such as Celebrex may be considered if the patient has a risk of gastro-intestinal complications, but not for the majority of patients. In this case, the medical records do not establish that the injured worker is at risk for gastro-intestinal complaints to support Celebrex. The medical records do not establish that the injured worker is unable to tolerate or has failed first line oral anti-inflammatory medications such as ibuprofen and naproxen. Per the MTUS guidelines, non-selective non-steroidal anti-inflammatory medications such as ibuprofen and naproxen are recommended for those with no risk factors. The request for Celebrex 200 mg is not medically necessary.