

Case Number:	CM15-0104482		
Date Assigned:	06/08/2015	Date of Injury:	08/27/2003
Decision Date:	07/09/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 48 year old female, who sustained an industrial injury on August 27, 2003. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having degeneration of lumbosacral intervertebral disc and lumbar intervertebral disc without myelopathy. Treatment to date has included a home exercise program and medications including oral pain, topical pain, muscle relaxant, and non-steroidal anti-inflammatory. On May 8, 2015, the injured worker complains of continued low back pain with 1-2 flare-ups per month. In addition, she complains of bilateral foot pain. Her pain is similar to the prior visit. She reports difficulty with showering, brushing her hair, driving, and prolonged sitting due to pain. The physical exam was unremarkable. The treatment plan includes continuing the Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #30 with 3 refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX two non-steroidal anti-inflammatory drugs have fewer side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non-selective non-steroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnoses are displacement lumbar intervertebral disc without myelopathy; and degeneration lumbosacral intervertebral disc. The earliest progress to the medical record is dated October 9, 2014. Celebrex 200 mg was prescribed at that time. There is no documentation of nonselective non-steroidal anti-inflammatory use predating Celebrex. There is no clinical indication or rationale for Celebrex in the medical record. The most recent progress note in the medical record is dated May 8, 2015. Subjectively, the injured worker complains of intermittent flare-ups of low back pain. The documentation does not contain evidence of objective functional improvement. As noted above, there are no first-line or nonselective non-steroidal anti-inflammatory drugs documented in the medical record. Consequently, absent clinical documentation of nonselective non-steroidal anti-inflammatory drug use and evidence of objective functional improvement with ongoing Celebrex, Celebrex 200 mg #30 with 3 refills is not medically necessary.