MAXIMUS Federal Services

Case Number:	CM15-0109657		
Date Assigned:	06/16/2015	Date of Injury:	12/21/2011
Decision Date:	07/22/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	06/05/2015

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on 12/21/2011, while working as a truck driver. The injured worker was diagnosed as having other chronic pain, cervical sprain/strain, lumbar sprain/strain, unclassified headaches, anxiety, depression, gastroesophageal reflux disease, and a history of anemia. Treatment to date has included diagnostics, cervical and lumbar epidural steroid injections, and medications. Multiple documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of ongoing neck pain with radiation to the upper extremities, associated with headaches. He also reported ongoing low back pain with radiation down both lower extremities, accompanied by numbness. He reported that he hurt everywhere and rated pain 8/10 with medications and 10/10 without. His pain was unchanged and he reported limitations with activities of daily living, including sleep. Multiple diagnostic tests were referenced. He was currently not working. The treatment plan included continued medications, including Celebrex (prescribed since at least 2/16/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib 200 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. This guideline recommends a Cox-2 inhibitor (such as Celebrex) over a traditional NSAID if there is a particular risk of GI complications but not for the majority of patients. In this case Celebrex was prescribed due to NSAID related gastric reflux, consistent with the treatment guidelines. An initial physician review recommended non-certification of Celebrex due to the lack of objective functional benefit; however, MTUS does support use of anti-inflammatories for either goals of functional improvement or subjective pain relief. As the records do document ongoing subjective benefit from Celebrex, the guidelines have been met. The request is medically necessary.