MAXIMUS Federal Services

Case Number:	CM15-0010537		
Date Assigned:	01/28/2015	Date of Injury:	12/22/1996
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/19/2015

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: 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 female patient, who sustained an industrial injury on 12/22/1996. A pain management visit dated 12/04/2014 reported subjective complaint of bilateral lower back pain, intermittent pain, tingling and burning in legs, and difficulty with sleep. She is prescribed and using the following medications; Norco and Gralise. Past treatment is to include; 10/30/2013 caudal epidural injection, 12/02/2012 a caudal steroid injection, 11/29/2009 caudal steroid injection, along with 06/04/2010 and 03/07/2011. The efficacy of epidural injections and pain reduction noted as significant. She is deemed as permanent and stationary. She did undergo right knee repari 07/2013. Physical examination found positive for bilateral low bak pain and radicular pain at 60 degrees. the facet loading test noted positive bilaterally. She is diagnosed with lumbosacral spondylosis without myelopahty, chronic pain syndrome, nonorganic sleep disorder, degeneration of lumbar or lumbosacral intervertebral disc, dyspepsia, depressive disorder and generalized anxiety. She is to follow up in 8 weeks. On 12/019/2014 Utilization Review non-certified a request for Celebrex, noting the CA MTUS Chronic Pain Guidelines, NSAIDS was cited. The injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiinflammatory medications medications for chronic pain Page(s): 22, 60-61.

Decision rationale: This patient presents with bilateral low back pain with tingling, burning into the legs and difficulty with sleep. The treater is requesting CELEBREX 200 MG, QUANTITY #30. The RFA dated 12/04/2014 shows a request for Celebrex 200 mg, quantity #30. The patient's date of injury is from 12/22/1996, and her current work status was not made available.The MTUS Guidelines page 22 on antiinflammatory medications state that antiinflammatories are the traditional first line treatment to reduce pain, so activity and functional restoration can resume but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain.The records show that the patient was prescribed Celebrex on 01/17/2014. None of the reports from 01/17/2014 to 12/04/2014 note medication efficacy. In this case, given the lack of functional improvement while utilizing this medication, the request IS NOT medically necessary.