

Case Number:	CM15-0016691		
Date Assigned:	02/05/2015	Date of Injury:	11/14/2001
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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 39-year-old female who reported an injury on 11/14/2001. The mechanism of injury was not stated. The current diagnoses include status post failed intrathecal pump trial, status post failed spinal cord stimulator trial, long term use of opioid medication, complex regional pain syndrome, status post left total knee arthroplasty, and renal colic. The injured worker was evaluated on 12/19/2014. The injured worker presented with complaints of persistent low back pain as well as left leg pain. The injured worker has been previously treated with bilateral cervical and lumbar sympathetic blocks as well as medication management. The current medication regimen includes Prilosec, naproxen, Lyrica, Celebrex, Cymbalta, docusate, doxepin, Fentora, Keppra, OxyContin, Percocet, Zantac, Senna, Ambien, clonazepam, and Seroquel. Upon examination, there was decreased range of motion of the left knee. Recommendations included continuation of the current medication regimen. A Request for Authorization form was submitted on 12/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines do not recommend long term use of NSAIDs. Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. In this case, the injured worker has continuously utilized Celebrex for an unknown duration. The injured worker does not maintain a diagnosis of osteoarthritis, ankylosing spondylitis, or rheumatoid arthritis. The medical necessity for the requested medication has not been established. Guidelines do not recommend long term use of NSAIDs. There was no frequency listed in the request. Given the above, the request is not medically appropriate.