

<b>Case Number:</b>	CM15-0017009		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	11/09/2007
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 60-year-old male, who sustained an industrial injury on 11/9/07. He has reported back pain. The diagnoses have included post laminectomy syndrome, lumbar; lumbar facet syndrome and lumbar stenosis. Treatment to date has included oral medications, lumbar surgery, and physical therapy. (MRI) magnetic resonance imaging of lumbar spine dated 11/5/12 revealed moderate to severe central stenosis at L2-3. Currently, the injured worker complains of left groin pain, left anterior thigh pain and low back pain. Progress note dated 12/20/14 noted decreased range of motion of lumbar spine area accompanied by back pain and tenderness in the paravertebral muscles of lumbar spine with tenderness at both sciatic notches. On 1/2/15 Utilization Review non-certified Celebrex 200mg #30, noting the injured worker has been using the drug for an extended period of time and in the absence of evidence of clinical efficacy, continued use is not recommended and psychological clearance prior to intrathecal trial, noting there is no documentation of conservative treatment failure of 6 months. The MTUS, ACOEM Guidelines, was cited. On 1/23/15, the injured worker submitted an application for IMR for review of Celebrex 200mg #30 and psychological clearance prior to intrathecal trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg # 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

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

**Decision rationale:** The patient presents with lower back pain rated 7/10 which radiates to the lateral aspect of the left lower extremity. The patient's date of injury is 11/09/07. The patient is status post lumbar spinal fusion from L3-S1 at a date unspecified. The request is for CELEBREX 200MG #30. The RFA is dated 01/13/15, though does not mention the requested Celebrex. Physical examination dated 12/31/14 notes a well-healed surgical scar in the lumbar spinal region, reveals tenderness to palpation of the lumbar paraspinal muscles with associated hypertonicity and tenderness at the sciatic notches bilaterally. Diagnostic imaging was not included; though progress note dated, 12/31/14 describes lumbar MRI dated 11/05/12: The patient is noted to have moderate to severe central canal stenosis at L2-L. The patient is currently prescribed Methadone, Celebrex, and MiraLax. Patient's current work status is not specified. MTUS Anti-inflammatory medications page 22 state, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS guidelines page 22 for Celebrex, state, "COX-2 inhibitors -e.g., Celebrex- may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost."In regards to the request for Celebrex for the management of this patient's chronic intractable pain, the requested medication appears reasonable. Progress report dated 12/31/14 indicates that the patient benefits from this medication primarily through improvements in his ability to sleep. While this patient does not explicitly present with GI complaints, he does have multiple comorbidities such as history of methamphetamine usage -as indicated by past positive UDS-, is over 60 years old, and has a past history of chronic high dose NSAID usage. The utilization of a milder NSAID such as Celebrex is an appropriate intervention. Therefore, the request IS medically necessary.

**Consultation- Psychological clearance prior to intrathecal trial:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1, 52-54.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

**Decision rationale:** The patient presents with lower back pain rated 7/10 which radiates to the lateral aspect of the left lower extremity. The patient's date of injury is 11/09/07. The patient is status post lumbar spinal fusion from L3-S1 at a date unspecified. The request is for CONSULTATION-PSYCHOLOGICAL CLEARANCE PRIOR TO INTRATHECAL TRIAL. The RFA is dated 01/13/15. Physical examination dated 12/31/14 notes a well-healed surgical scar in the lumbar spinal region, reveals tenderness to palpation of the lumbar paraspinal muscles

with associated hypertonicity and tenderness at the sciatic notches bilaterally. Diagnostic imaging was not included, though progress note dated, 12/31/14 describes lumbar MRI dated 11/05/12: The patient is noted to have moderate to severe central canal stenosis at L2-L3 The patient is currently prescribed Methadone, Celebrex, and MiraLax. Patient's current work status is not specified. American College of Occupational and Environmental Medicine -ACOEM-, 2nd Edition, -2004-ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In regards to the request for a psychological consultation prior to the initiation of an intrathecal opiate trial, the requested consult appears reasonable. This patient presents with multiple drug dependency issues such as a past history of illicit methadone and methamphetamine usage. The treater is justified in seeking specialist psychological evaluation before attempting to treat a patient such as this with an intrathecal opioid narcotic, owing to the high risk of abuse for such an intervention. Therefore, the request IS medically necessary.