

Case Number:	CM15-0111654		
Date Assigned:	06/23/2015	Date of Injury:	06/25/2009
Decision Date:	07/22/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old male, who sustained an industrial injury on 06/25/2009. He has reported injury to the low back. The diagnoses have included lumbar discogenic syndrome; lumbar nerve root injury; and lumbar facet arthropathy. Treatment to date has included medications, diagnostics, and injections. Medications have included Tramadol, Celebrex, Flexeril, Relafen, Neurontin, Elavil, and Naprosyn 15% cream. A progress note from the treating physician, dated 03/25/2015, documented a follow-up visit with the injured worker. The injured worker reported backache with right leg pain to just above the knee; the pain improved after the first caudal epidural steroid injection, and maintained 85% improvement for more than six months; the two injections, on 03/17/2014 and 03/31/2014, helped a lot, but were not quite enough; he is managing his activities of daily living on the current dose of medication; and he is able to continue working with the medications and topical cream. Objective findings included severe discomfort; walks with an abnormal gait, with a limp favoring the right leg; lumbar spine flexion is decreased with him standing with pain at the low back with radiation down the right leg to the mid-thigh; lumbar spine extension with pain at the low back bilaterally; and straight leg raising with pain on the left and the right. The treatment plan has included the request for Celebrex 200mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in June 2009 and continues to be treated for review low back pain. When seen, there had been improvement after an epidural injection. Current medications are listed and include Relafen and Celebrex. Review of systems was negative for gastrointestinal problems. There was an antalgic gait with decreased spinal range of motion and positive straight leg raising. There were bilateral quadratus lumborum trigger points. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Celebrex over a non-selective medication. Additionally, the requesting provider documents the claimant's current medications as including another NSAID, Relafen. Prescribing two NSAID medications would be duplicative; the request is not medically necessary for this reason as well.