

Case Number:	CM15-0111917		
Date Assigned:	06/22/2015	Date of Injury:	01/04/1999
Decision Date:	07/29/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/10/2015

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 (IW) is a 63-year-old female who sustained an industrial injury on 01/04/1999. Diagnoses include status post anterior/posterior fusion L4-S1 (4/2004); status post removal of hardware and exploration of fusion (6/2005); status post anterior/posterior cervical fusion C3-C6 (10/2001); and adjacent segment disease L3-4 with central and foraminal stenosis. Treatment to date has included medications, physical therapy, surgery and trigger point injections. According to the PR2 dated 4/22/15, the IW reported neck pain and difficulty with prolonged activity. On examination, motion of the neck caused painful symptoms. The left and right pericervical areas were tender, with spasms noted; spasms were also present in the trapezius muscles. Trigger point injections were administered. Cervical spine range of motion was 15 degrees extension, and 45 degrees bilateral rotation. A request was made for Celebrex 200mg, #30 with two refills for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 Refill: 2: 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 (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury of 1999 nor have they demonstrated any functional efficacy derived from treatment already rendered. The Celebrex 200mg #30 Refill: 2 is not medically necessary and appropriate.