

Case Number:	CM15-0115596		
Date Assigned:	06/23/2015	Date of Injury:	08/17/1999
Decision Date:	07/23/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/15/2015

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: Emergency Medicine

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 was a 52 year old female, who sustained an industrial injury, August 17, 1999. The injured worker previously received the following treatments transforaminal epidural injection with 50% overall improvement, heat, lying down, H-wave treatments, lumbar spine MRI, three spine surgeries, Norco, Celebrex, Soma and Stool softener. The injured worker was diagnosed with lumbar spine pain, lumbar spine degenerative disc disease and lumbar spine radiculopathy. According to progress note of April 20, 2015, the injured worker's chief complaint was lumbar spine pain with left lower extremity radiculopathy. The lumbar spine MRI reviewed showing prior laminectomy at the L5-S1 level there was also significant scar tissue on the left side likely encasing the left S1 nerve root. The physical exam noted straight leg raises caused pain to radiate to the calf in the seated position the pain reproduced the injure workers usual symptoms on the left. The right was negative. The treatment plan included prescription for Celecoxib (Celebrex).

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib 200mg #30, 2 refills: Upheld

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

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

Decision rationale: The requested Celecoxib 200mg #30, 2 refills, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has lumbar spine pain with left lower extremity radiculopathy. The lumbar spine MRI was reviewed showing prior laminectomy at the L5-S1 level and there was also significant scar tissue on the left side likely encasing the left S1 nerve root. The physical exam noted straight leg raises caused pain to radiate to the calf in the seated position the pain. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celecoxib 200mg #30, 2 refills is not medically necessary.